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GENERAL HEADQUARTERS
SUPREME COMMANDER FOR THE ALLIED POWERS
Public Health and Welfare Section

(D)

WEEKLY BULLETIN

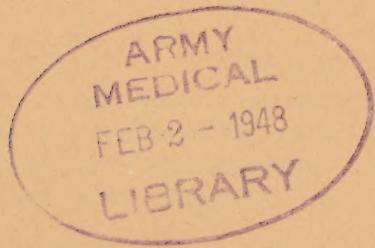
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SECTION I

GENERAL

The following address was given at a meeting of Japanese Prefectural Health Officials at the Institute of Public Health on 9 January, by Colonel C. F. Sams, Chief, Public Health and Welfare Section, GHQ, SCAP:

PUBLIC HEALTH IN JAPAN

"This discussion will be about the new public health organization in Japan, in order that you may have an over-all picture, so you can see where you fit into this picture.

A good public health program is dependent on four foundation stones. In the past years public health has rested upon a single foundation stone, instead of four. In the old days public health was considered to be the application of preventive medicine to a group by means of an organization. That is a very limited and narrow view of public health. That is like trying to build a house with one wall. In modern public health we consider there are four walls or four foundation stones in a well organized public health program. We consider these four major fields as; first, the preventive medicine aspects of public health, second, the medical care aspects of public health, third, the public assistance or welfare aspects, and fourth, the social security aspects. Let me illustrate what is meant by the necessary integration or interdependence of these four aspects in any successful public health program.

"Take a single problem--the problem of tuberculosis control, to use as an illustration. It is foolish to talk about controlling tuberculosis in a country which has a highly integrated industrial social structure such as Japan by the application of preventive means alone. The known means of prevention of tuberculosis, as formerly applied in public health, are the mass x-rays of people, and tuberculin tests to see if children had tuberculosis. They also consisted of advice to known cases and instruction as to how they should keep from spreading their disease to someone else.

"Let us look at this problem and see if those preventive measures are sufficient. Assume that mass x-rays have been completed and we find a number of cases who have tuberculosis. Those cases are the sources for passing on infection to other people and therefore they are dangerous from a public health standpoint to every one with whom they come in contact, so we are faced with the problem of what shall we do with these sick people. The only sensible thing to do is to put these people in tuberculosis sanatoria, where they will not infect other people and for their own good of course they should be put there where they can be treated and made well, at least their cases should be arrested. That leads us to the conclusion that we must have a good medical care program for those that are sick if we are going to control this disease and that is the second cornerstone of our foundation, the medical care program.

"Let us assume that having established a good preventive program, we have also established a good medical care program with good hospitals, well trained doctors, to take care of the sick people, so that they cannot spread their diseases to others, but what happens to these people that are too poor to use these facilities, even though they are sick and must go to the hospital for treatment. That brings us to the third foundation stone of this problem. It is not good enough to have good preventive facilities, and good medical care facilities, if the people cannot afford to use them, so we come to our third cornerstone -- we must provide a means through public welfare for public assistance to those families who need medical care or who need other treatment and cannot afford it. If the sick person is the head of the family we must provide means for taking care of his family while he is being treated in the medical care program. If the sick person is a Mother of the family we must provide means for taking care of her children. No one can get well in the finest hospital in the world so long as they are worrying about what is happening to their family. It is also very foolish to have a public health nutritionist go to a family and say that a child is under-

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nourished and must have milk if they do not have the money to buy the milk, so our public health program must provide assistance to buy the milk for people that are in need. So we conclude that we must have a good public assistance program if we are going to control disease.

"Let us assume that we have a good preventive program, a good medical care program, and a good public assistance program, we have provided hospitals, x-ray machines, public health nurses, we have provided good tuberculosis sanatoria for treatment of these cases, we have provided a good medical assistance program where people can get the proper assistance they need, but we are faced with the fourth problem -- how are we going to pay for it? Medical care, particularly, is expensive. That is where our fourth corner stone enters the picture of public health.

"Social Security is a scheme or a system, which is applied to an industrial country, such as Japan has become; to provide the means for paying for some of those essential services. The average man who is working for wages cannot have accumulated enough money to pay the costs of medical care and to support his family if he becomes sick and loses his wages. That situation is characteristic of an industrial society.

"There are two ways in which you can finance the costs of controlling disease, specifically, one of them, having direct taxes in which the people pay high taxes and the government furnishes all the services free. Under such a system we have what is called state medicine in which the government owns and operates all hospitals, health centers and welfare activities. All the doctors and all the nurses and welfare workers work for the government. That kind of system is what we have in communist or police states. We don't think that that kind of a system has any place in a democratic country such as Japan is becoming.

"The other means of providing payment for these services, which we all recognize as essential if we are going to improve the health of a country, is by the insurance plan. Under such a plan people pay premiums for insurance against the risks of death, or the risks of fire, or the risks of sickness and then when they become sick, for instance, such as those cases of tuberculosis, we have used as an illustration, the health insurance fund pays the cost of their medical care and under the unemployment insurance it pays part of their wages so their families will not starve. That is the kind of a system that here in Japan I think is a sound system, because the actual provisions for medical care, the actual operation of hospitals, and clinics can be done by free enterprise. You have had for many years the elements of a social security system.

"Tuberculosis has been used only as an illustration of the need for what is considered the four essentials for any good health program. I would like to tell you how we have integrated those four essentials in the programs in Japan.

"First, the Ministry of Welfare has been reorganized and now contains bureaus which provide for integration or coordination as a team of these four essential cornerstones of any health program. Certain new laws have been passed in Japan and certain amendments to old laws have been made which cover all of these four important fields, so that they are all now integrated by law in Japan.

"We are in the process of completing the reorganization of the prefectural governments, so far as they pertain to health and welfare activities. The new law which has been passed recently, requires that every prefecture shall establish a health department and a welfare department equal in authority with any other department in the prefecture government. In the case of the health department there will be five major divisions if you want to call them that, first is public health administration, second, medical affairs or medical care division, third, preventive medicine, fourth, pharmaceutical affairs division, and the fifth, laboratory division. In the welfare department will be included administration of the Act for public assistance, known as "The Daily Life Security Act", "The Social Security and Health Insurance Act", the "Child Welfare Act". Within those two departments of the prefectural government will be included all of the functions that pertain to all of the four foundations of a good public health program.

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"We have still the third echelon, if you want to call it that, of this new organization in Japan, and that is the establishment of health centers throughout Japan in every health center district. Every prefecture will be divided into health center districts, which will be headed by a district health officer who will be directly responsible to the prefectural health department chief. This district health officer will be responsible for all health activities among the people in his district. He will also be in charge of the health center and the branch health centers within his district. The health center district will be made up of about 100,000 people. Within that district the health officers of cities and towns will be under the technical supervision of the district health officer. In the case of large cities whose population is such that there will be more than one health center established within the city there will be established a city health department. This city health department will then supervise the district health officers within that city. However, the city health department itself will be under the technical supervision of the prefectural health department.

"The new health center law requires the reorganization of all health centers in Japan and the establishment of health centers in each of the health center districts. This reorganization of health centers will provide for 12 essential functions. Some of these functions are already being carried out by health centers in Japan, but so far as I know and have been able to find, no health center in Japan yet carries out all of the functions. We hope by the end of this year that the complete reorganization of all these health centers will be accomplished. The following is a list of these twelve functions:

1. Public Health Nursing
2. Maternal and Child Hygiene
3. Vital Statistics
4. Diagnostic Laboratory
5. Dental Diagnostic Treatment
6. Nutrition
7. Sanitation and Hygiene
8. Public Health Education
9. Medical Social Services
10. Communicable Disease Prevention
11. Tuberculosis Control
12. Venereal Disease Control

"A model health center properly staffed and properly functioning is being established in Tokyo, as we hope to have all the health centers organized throughout Japan. Prefecture health department chiefs will be shown how this model health center works. They will return to their respective prefectures and establish similar models in each prefecture. The district health officers in the prefecture will be shown how the model works in their prefecture and will then establish their own health centers in the same way. So we hope by the end of the year to have all health centers properly reorganized throughout Japan. I believe that when this health organization from the top to the bottom is completed and fully staffed with the many thousands of properly trained people required, Japan will have as fine a public health organization as any country in the world. Each of these echelons will require trained personnel. We shall need public health medical officers, sanitary officers, public health nurses, and nutritionists, dentists, pharmacists and veterinarians in every one of these echelons.

"All of these people constitute a team. They must work together because unless all of these teams are properly integrated none of them can succeed. The training of the people to make up these teams is a tremendous job. You are here as part of that training program, as part of the team. When you get back to your prefectures I want you to be thoroughly familiar with this organization so you can explain to your fellow workers what this is all about and where they fit into the pictures. I hope that you are able to impress them with the necessity for their own attendance of future courses here so each can be properly trained to carry out the program that Japan needs."

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Technical Bulletin

The following Public Health and Welfare Technical Bulletin is accompanying Weekly Bulletin No. 55:

Title: Licensed Agencies for Relief in Asia (LARA)

Short Title: TB - PH - WEL 3 (revised)

SECTION II

WELFARE DIVISION

Public Assistance Report - November

The Ministry of Welfare has submitted the following public assistance totals for the month of November:

Figures for October 1947 and for November 1946 are shown for purposes of comparison.

	<u>Nov. 1947</u>	<u>Oct. 1947</u>	<u>Nov. 1946</u>
No. of persons in institutions	138,596	147,734	
No. of persons non-institutional	<u>2,582,720</u>	<u>2,799,561</u>	
Total	2,721,316	2,947,295	2,658,769
Cost of Assistance in Cash	366,094,622*	358,731,288	
Cost of Assistance in Kind	<u>50,782,811</u>	<u>21,824,752</u>	
Totals	416,877,433	380,556,040	130,908,379

* Total cash grants before deducting repayments.

Prefectural Monthly Public Assistance Report

<u>Prefecture</u>	<u>Institutional</u>	<u>Non-Institutional</u>	<u>In Kind</u>	<u>Cash **</u>
Hokkaido	15,188	64,056	523,740	19,429,894
Aomori	2,504	39,470	235,742	5,559,441
Iwate	367	46,078	314,512	5,643,128
Miyagi	1,287	53,379	121,984	5,073,180
Akita	1,183	52,603	8,259,435	6,831,864
Yamagata	1,406	45,485	474,945	6,431,279
Fukushima	1,000	61,731	19,032	8,110,599
Ibaraki	1,082	49,570	1,076,673	5,106,827
Tochigi	525	27,617	16,330	4,631,758
Gumma	3,658	58,446	584,232	7,025,944
Saitama	1,251	49,206	27,524,630	7,137,172
Chiba	3,241	41,300	15,888	5,854,807
Tokyo	16,128	423,498	523,586	37,633,440
Kanagawa	4,957	44,249	112,000	10,349,790
Niigata	11,081	69,320	11,711	9,534,209
Toyama	1,182	35,296	58,862	5,475,012
Ishikawa	1,193	34,536	343,987	5,635,449
Fukui	872	26,385	532,067	3,903,648
Yamanashi	297	22,450	33,581	3,251,058
Nagano	3,545	67,500	98,256	9,355,219
Gifu	1,810	51,514	1,409,805	6,566,644
Shizuoka	5,047	53,951	1,265,281	8,880,252

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* Figures are not after deductions for repayments.

Prefecture	Institutional	Non-Institutional	In Kind	Cash **
Aichi	7,119	83,058	769,946	13,110,796
Mie	854	38,395		6,015,141
Shiga	562	30,998		3,429,960
Kyoto	2,898	60,610	1,593,456	11,423,648
Osaka	8,500	82,227	74,050	19,467,153
Hyogo	6,166	94,069		19,103,570
Nara	545	27,385	1,360	4,520,450
Wakayama	358	32,393	45,844	5,595,641
Tottori	543	21,082	269,550	3,103,696
Shimane	493	29,002		4,354,127
Okayama	3,560	43,970	19,116	6,923,213
Hiroshima	2,460	57,440	97,567	10,891,396
Yamaguchi	7,931	35,922	10,058	6,663,849
Tokushima	1,702	37,781	185,286	4,373,031
Kagawa	1,393	28,140	1,148,893	3,580,484
Ehime	742	37,382		5,895,589
Kochi	517	25,067	11,789	3,997,614
Fukuoka	3,002	127,775	1,225,210	12,535,305
Saga	1,746	34,943	906,740	4,507,834
Nagasaki	1,563	44,943	159,881	7,838,136
Kumamoto	2,182	45,488	405,718	6,355,684
Oita	1,589	24,094		3,307,519
Miyazaki	1,246	41,522	89,093	3,957,010
Kagoshima	2,061	87,394	212,975	7,457,034
Total	138,596	2,582,720	50,782,811	365,818,494

Expenditures under the New Disaster Law #118

The expenditures listed in attached tables (Incl. #1) have been paid prefectures by the National Government under its responsibility to provide relief in time of disaster. This expenditure includes the Kanto Flood in which the Government obligated itself under the terms of Law #118 before the law had been passed by the Diet. The flood occurred 16 September and Law #118 was effective on 20 October 1947.

Licensed Agencies for Relief in Asia (LARA)

The 42nd shipment of LARA relief supplies arrived in Yokohama aboard the S. S. Pacific Bear on 10 January 1948. This shipment contained the following supplies:

Food	40.45 tons
Clothing	10.15 "
Miscellaneous	.14 "
Total	50.74 tons

Community Chest (National Interdependence Campaign)

The Community Chest Campaign, which originally was to be held between the dates, 25 November - 25 December 1947, has been extended in several prefectures until the latter part of January 1948. It is estimated that the final results of the campaign will not be known until on or about 1 February 1948.

A summary of the progress of the campaign as of 16 January 1948, shows ¥ 436,115,772 raised towards a goal of ¥ 681,500,000, or 63.9% of quota. Forty-one (41) prefectures are participating in the campaign, (Iwate, Gunma, Saitama, Nagano and Ibaraki not participating due to recent flood disaster) with 12 prefectures reaching quota, 27 prefectures making partial reports and 2 prefectures not reporting.

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Prefectural Community Chest Returns (as of 16 January 1948)

Prefecture	Goal	Amount Collected	Date Reported	Percent	Remarks
Hokkaido	¥ 35,000,000	¥ 35,000,000	9 Jan.	100.0%	Estimate
Aomori	5,000,000	5,200,000	12 Jan.	104.0%	
Miyagi	15,000,000	10,000,000	14 Jan.	66.6%	Estimate
Akita	5,000,000	5,000,000	9 Jan.	100.0%	
Yamagata	13,000,000	2,870,000	31 Dec.	22.0%	
Fukushima	15,000,000	4,180,000	31 Dec.	27.9%	
Tochigi	14,000,000	9,200,000	9 Jan.	65.7%	
Chiba	5,000,000	1,000,000	13 Jan.	20.0%	
Tokyo	50,000,000	8,000,000	14 Jan.	16.0%	
Kanagawa	55,000,000	40,000,000	31 Dec.	72.7%	Estimate
Niigata	13,000,000	2,010,000	31 Dec.	15.4%	
Toyama	10,000,000	9,200,000	31 Dec.	92.0%	
Ishikawa	7,500,000	6,500,000	1 Jan.	86.6%	Estimate
Fukui	10,000,000	6,000,000	31 Dec.	60.0%	Estimate
Yamanashi	1,500,000				
Gifu	15,000,000	16,453,218	12 Dec.	109.6%	
Shizuoka	10,000,000	4,690,000	13 Jan.	46.9%	
Aichi	50,000,000	30,270,000	6 Jan.	60.5%	
Mie	10,000,000	8,500,000	31 Dec.	85.0%	Estimate
Shiga	10,000,000	5,352,900	5 Jan.	53.5%	
Kyoto	20,000,000	20,000,000	9 Jan.	100.0%	Estimate
Osaka	50,000,000	50,000,000	31 Dec.	100.0%	Estimate
Hyogo	50,000,000	15,630,000	9 Jan.	31.2%	
Nara	6,500,000	6,210,000	9 Jan.	95.5%	
Wakayama	5,000,000	4,260,000	9 Jan.	85.2%	
Tottori	6,000,000	250,000	31 Dec.	4.1%	
Shimane	6,000,000	2,500,000	6 Jan.	41.6%	
Okayama	15,000,000	15,000,000	9 Jan.	100.0%	
Hiroshima	25,000,000	25,000,000	31 Dec.	100.0%	Estimate
Yamaguchi	10,000,000	1,100,000	7 Jan.	11.0%	
Tokushima	8,000,000				
Kagawa	5,000,000	5,000,000	31 Dec.	100.0%	
Ehime	15,000,000	7,270,000	31 Dec.	48.4%	
Kochi	5,000,000	3,800,000	31 Dec.	76.0%	
Fukuoka	30,000,000	24,430,000	10 Jan.	81.4%	
Saga	10,000,000	10,020,000	10 Dec.	100.2%	
Nagasaki	15,000,000	629,654	31 Dec.	41.9%	
Kumamoto	15,000,000	4,150,000	10 Jan.	17.6%	
Oita	15,000,000	10,400,000	12 Jan.	69.3%	Estimate
Miyazaki	6,000,000	6,040,000	31 Dec.	100.6%	
Kagoshima	15,000,000	15,000,000	9 Jan.	100.0%	Estimate
Total	¥681,500,000	¥436,115,772	16 Jan.	63.9%	

SECTION III

VETERINARY AFFAIRS DIVISION

Weekly Animal Disease Report

The Ministry of Agriculture and Forestry reports no new outbreaks of animal diseases occurred during the period 11 - 17 January.

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SECTION IV

NURSING AFFAIRS DIVISION

Model Demonstration School

A recruiting program has been started in the high schools of Tokyo-To to acquaint the fourth year (girl) students, in nursing as a profession. Six high schools are visited each week by three members of the Demonstration School Staff. The "Lady of Science" picture is shown, a short talk given and a question period allowed.

Qualifications of the applicant are stressed and they are invited to consider nursing as a profession and enter the April 1948 class. The schools have been notified by the Tokyo office and have been very interested in the program.

The Educational Committee of Tokyo Branch Association of Nurses has completed plans for a refresher course for the general staff nurses. Beginning 27 January, it will run for 20 days, three days a week at the Japanese Central Red Cross Hospital.

SECTION V

SUPPLY DIVISION

Distribution

A preliminary study has been made of the penicillin distribution system with a view to determining the factors delaying distribution. In one prefecture visited, the health officials reported that price was the main difficulty. On investigation, however, it was learned only one company had been designated to distribute penicillin in the entire prefecture. It was apparent this lone retail outlet could not give expeditious service in the delivery of penicillin.

Penicillin is becoming available in increasing amounts and it is particularly important that sufficient retail outlets be provided so that doctors may be able to purchase penicillin as required. Under the present system, which appears to be somewhat standard throughout Japan, doctors are required to buy considerable stocks at one time. This procedure is unsatisfactory due to the finances involved and the lack of refrigeration on the part of individual doctors. In order to solve this problem, dealers must be immediately available and prepared to supply doctors on short notice.

When the new ration system goes into effect 1 February, doctors will be given coupons authorizing the purchase in given amounts over a stated period. However, this will not entirely solve the problem unless there is a corresponding increase in the number of dealers authorized to stock and sell penicillin. Penicillin as a controlled item may be handled by any dealer authorized to sell controlled items and prefectures have complete authority to designate those dealers. At least some of the dealers should be prepared to give 24-hour service.

The December allocation of penicillin amounted to 98,406 vials of 30,000 Oxford Units each.

DECEMBER ALLOCATION OF PENICILLIN DISTRIBUTION

Prefecture	Vials, 30,000 Units	Prefecture	Vials 30,000 Units
Hokkaido	5,665	Mie	1,000
Aomori	1,900	Shiga	900
Iwate	900	Kyoto	3,000
Miyagi	1,700	Osaka	3,029
Akita	900	Hyogo	9,300
Yamagata	1,500	Nara	900
Fukushima	1,200	Wakayama	900

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Prefecture	Vials, 30,000 Units	Prefecturo	Vials 30,000 Units
Ibaraki	1,700	Tottori	900
Tochigi	1,200	Shimano	900
Gumma	1,000	Okayama	1,500
Saitama	1,300	Hiroshima	1,600
Chiba	2,000	Yamaguchi	1,200
Tokyo	19,700	Tokushima	900
Kanagawa	4,000	Kagawa	900
Niigata	1,500	Ehime	900
Yamanashi	700	Kochi	900
Nagano	1,500	Fukuoka	3,500
Shizuoka	1,000	Saga	900
Toyama	900	Nagasaki	1,500
Ishikawa	1,200	Kumamoto	1,300
Fukui	900	Oita	900
Gifu	900	Miyazaki	900
Aichi	2,000	Kagoshima	900
Reserve for Stringont Needs	<u>4,512</u>		
TOTAL			98,406

Shipments of insect and rodent control equipment totaling 1,290 pieces were made to three prefectures under Ministry of Welfare supervision during the period 4 - 10 January, as follows:

Prefecture	DDT Duster	Knapsack Sprayer	Semiautomatic Sprayer	Hand Sprayer
Osaka	500	0	0	0
Hyogo	0	0	0	110
Saga	<u>680</u>	<u>0</u>	<u>0</u>	<u>0</u>
Total	1,180	0	0	110

Below is listed a resume of the distribution of diphtheria toxoid. At the request of the Preventive Medicine Section of the Ministry of Welfare, each prefecture submitted figures representing requirements of toxoid. This survey was conducted in August-September 1947. These figures are listed below in the column headed "Required Amount". The column headed "Sum Total" indicates the total quantities distributed to the end of December. In addition to the figures below, notification was made 14 January by telegram to three prefectures in Kyushu to expect shipments as follows:

Nagasaki	100,000 cc
Miyazaki	70,000 cc
Kumamoto	100,000 cc

DISTRIBUTION OF DIPHTHERIA TOXOID

Prefecture	Required Amount (unit cc)	Distributed Amount	
		December Total	Sum Total
Hokkaido	1,100,000	147,000	567,000
Aomori	300,000	50,000	50,000
Iwate	347,000	40,000	70,000
Miyagi	395,000		
Akita	325,000	22,000	62,060
Yamagata	144,000	50,000	50,000
Fukushima	443,000	30,000	30,000
Ibaraki	315,000	10,000	25,000
Tochigi	360,000		20,000
Gumma	866,000	30,000	33,000

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Prefecture	Required Amount	Distributed Amount	
		December Total	Sum Total
Saitama	572,000		50,000
Chiba	570,000	200,000	200,000
Tokyo	927,000		100,000
Kanagawa	608,000		72,720
Niigata	615,000	109,500	109,500
Yamanashi	200,000		
Gifu	400,000		
Shizuoka	368,000	31,460	31,460
Aichi	891,000		120,000
Mie	352,000		
Toyama	198,000	145,260	145,260
Ishikawa	204,000	148,000	148,000
Fukui	160,000	100,000	100,000
Shiga	197,000		
Kyoto	348,000	165,000	165,000
Osaka	659,000	50,000	300,000
Hyogo	756,000	79,000	109,000
Nara	169,000		
Wakayama	115,000	50,000	50,000
Tottori	142,000	80,000	100,000
Shimane	177,000	90,000	90,000
Okayama	280,000	100,000	100,000
Hiroshima	300,000	50,000	50,000
Yamaguchi	280,000	85,700	105,700
Tokushima	193,000		
Kagawa	233,000	48,000	48,000
Ehime	823,000	50,000	50,000
Kochi	190,000	50,000	50,000
Fukuoka	597,000	60,000	183,200
Saga	233,000	150,000	150,000
Nagasaki	348,000		
Kumamoto	414,000		
Oita	260,000		
Miyazaki	269,000		
Kagoshima	436,000		
Nagano	431,000	100,000	100,000
Totals	18,508,000 cc	2,320,980 cc	3,634,900 cc

Narcotics

The November report on narcotic control activities, Ministry of Welfare, contains the following information:

Total registrants	88,364
Arrests - Registered persons	14
Unregistered persons	46
Convictions - Registered persons	3
Unregistered persons	35
Thefts of narcotics	26
Losses by fire	1
Losses by flood	1

Ponalties for registrants varied from ¥ 500 fine to six months penal servitude; for unregistered persons from ¥ 200 fine to three years penal servitude. In addition to the arrested persons, 85 registrants were admonished for minor technical violations. Charges against 22 nonregistrants were dropped because of lack of evidence.

Kickstart

Three persons were arrested during the month for illegal cultivation of marihuana. One person was warned by the prefectural agents and one marihuana violator was sentenced to a ¥ 5,000 fine for illegal cultivation.

The Provost Marshal Section will furnish to PH&W reports of all narcotic violations on the part of Occupation Forces personnel and foreign nationals in Japan. This information will enable Narcotic Control Officers to improve the enforcement of narcotic laws in Japan by giving proper supervision and direction to Japanese Government narcotic officials.

Production

Reference is made to PH&W Weekly Bulletin, No. 53, 28 December 1947-3 January 1948, Section IV, Supply Division, Production Branch. The second sentence, "This material is now allocated by the Ministry of Welfare and delivered to prefectures periodically or automatically", should be corrected to read, "This material is not allocated by the Ministry of Welfare and is not delivered to prefectures periodically or automatically".

The 1947 program of production of DDT Duster and Spraying Equipment has been completed with the exception of a small quantity of DDT dusters, this exception being attributed to the lack of sufficient tinplate and the general lack of sufficient electric power to complete the manufacturing process. Adequate quantities of this equipment, however, have been manufactured and adequate reserve stocks are on hand to meet all requirements. Plans are being formulated for continuing production during 1948 to take care of the needs of all prefectures for dusting and spraying equipment for insect and rodent control activities.

The practice of listing in this Bulletin the weekly releases of insect and rodent control supplies, DDT products and typhus vaccine, has been discontinued. Henceforth, a monthly consolidated list of actual shipments made to the various prefectures will be included.

A total of 4,078,441 lbs. of 10% DDT, 253,979 gallons of 5% Residual Effect Spray and 595,374 vials of Typhus Vaccine represents total stocks on hand in wholesale warehouses of the Ministry of Welfare as of 10 January.

Inclosure #2 is a table which indicates allocation of liquid chlorine for chlorination of water by prefectures and water treatment plants for the period January - March 1948. Allocation tickets will be mailed to prefectures on or about 20 January. It is realized that the total quantity allocated is not sufficient to maintain desired level of chlorination. Efforts are being made at this level to increase this supply and subsequent announcements will be made. Prefectural health officials should assist water treatment plants to obtain liquid chlorine in accordance with the allocations made.

SECTION VI

PREVENTIVE MEDICINE DIVISION

Sanitary Engineering

Municipal Water Chlorination: Reference is made to Inclosure #2 listing chlorine allocations to each prefecture for the period January--March 1948. It is considered good municipal chlorination practice to maintain residuals of 0.1 to 0.2 ppm in the extremities of the distribution system. An initial chlorine dose at the treatment plant of 0.6 to 1.0 ppm is usually sufficient for this purpose. Higher residuals provide little additional protection against the contamination of drinking water at the household tap and cannot be justified at this time. The present chlorine allocations are not sufficient to chlorinate all Japanese water systems to U. S. Army standards. It should be noted that, with the exception of certain designated municipalities, tactical units and Military Government Teams are required to rechlorinate all drinking water. Reference is made to Eighth Army OD No. 68, dated 20 July 1946. In most cases a safer supply can be provided by reducing leakage in the distribution system and by in-

dictated

creasing the output of water treatment plants than by applying an excessive chlorine dosage.

Sanitary Associations: Reference is made to Soc. VI, PHW Weekly Bulletin No. 51 in which the history of the Sanitary Association was related. Recent investigations of the activities of the Eisei Kumiai in three prefectures indicate that it is rapidly gaining strength and is being actively encouraged and organized by the local Health Departments. The three prefectural health chiefs interviewed considered this association an essential part of their public health organization and necessary for the solution of their immediate health problems. The Eisei Kumiai is organized in units of one block of approximately 100 families. In one city 92 such block associations had been organized and in each association the membership, within the geographical block unit, was unanimous. This fact alone demonstrates that the Eisei Kumiai is not being organized entirely within democratic principles and should warrant considerable surveillance. In another instance, packages of DDT dust and Antu were being sold through the Sanitary Associations. Such methods of distribution are highly unsatisfactory and should be vigorously discouraged. A Ministry of Welfare directive dated 31 July 1947 prohibited the sale of DDT to the individual or the sale to a private organization for resale to the individual.

The Sanitary Association has existed in Japan for over 40 years but has accomplished little in the improvement of environmental sanitation and the promotion of public health. The people of a community should look to their Prefectural Health Department and district health office for public health services and should not be required to ban together as a separate organization to solve their health problems. The Eisei Kumiai, wherever they exist, should only support the local governmental health agency and be used by this agency as a medium for the dissemination of health information. With proper supervision, the Sanitary Association could become a very useful adjunct to the Health Center System. Without proper supervision, such associations are likely to be highly detrimental to the development of a governmental health organization.

Venereal Disease Control

Reference is made to PHMJC-45, dated 5 November 1947, offering no objection to Ministry of Welfare's plan entitled "Essentials of the Counterplan for Prevention of Venereal Disease" which is an interim plan of financing venereal disease drugs to meet the present emergency.

The essential points of the subject plan include:

- a. Estimation of existing venereal disease cases in Japan to be about 1,530,000, of which 750,000 cases are expected to be treated this year.
- b. Compulsory treatment of every reported case to be the responsibility of each prefecture.
- c. Reporting of cases and issuance of final report on completion of treatment will be the responsibility of medical practitioners.
- d. Expenses for treatment will be imposed on the patient whom he is able to pay.
- e. One-half the amount in exempted or reduced expenses for treatment will be subject to compensation by Governmental subsidy.

Subject memorandum offers no objection to the overall plan submitted provided that:

- a. All venereal disease patients will be recognized as cases of infectious disease endangering the public health and will be accepted and given prompt and complete treatment accordingly without reference to their ability or willingness to pay.

dictated

- Health*
- b. The governmental subsidies referred to in subject plan will be supplemented if necessary to provide the treatment outlined in subject plan.
- c. Subsidies are made available in such a manner as to permit the purchase of necessary drugs at a reasonable price as required by clinics and physicians to provide for uninterrupted treatment of all patients.
- d. In case subject plan is found ineffective, the Ministry of Welfare will act promptly to make necessary corrections in the plan and will endeavor to obtain the necessary funds to carry out the program.

In accordance with subject counterplan, ¥ 30,000,000 has been appropriated by the Ministry of Finance as a subsidy to the prefectures to finance the Venereal Disease Control Program for the three months of January, February and March 1948. One-half of the amount was distributed during the latter part of December 1947 to the prefectures according to the population and load of venereal disease patients. The other half is held in reserve by the Ministry of Welfare to be drawn upon as necessary. An equal amount, ¥ 30,000,000, is put up by the prefectures making a total of ¥ 60,000,000 which is to be used as a revolving fund for the purchase of venereal disease drugs so that all patients can be treated, regardless of their ability to pay. As collections are made from patients who are able to pay, they are turned back into the fund.

This counterplan is based upon the assumption that 90% of the patients will be able to pay while it may be shown as the program continues that the above percentage will more correctly apply to the group that cannot pay. Although this is a temporary plan it is a step in the right direction and it should be impressed upon the population that inability to pay is no reason not to seek treatment. The government has recognized venereal diseases as communicable diseases endangering the public health and has subsidized this program for the control of venereal diseases.

SECTION VII SOCIAL SECURITY DIVISION

General

Mr. Leonard R. Anton, former Chief of the Social Insurance Branch, has been appointed Chief of the Social Security Division and Mr. Peter M. Sullivan, formerly Social Insurance Analyst, has been appointed Chief of the Social Insurance Branch.

The Ministry of Welfare reports that appeal referees for the Welfare Pension and Health Insurance programs, to implement recent legislation assuring the democratic right of fair hearing to all interested parties, have been appointed in all prefectures except Shiga and Fukushima. It was also reported informally that several appeals have been filed but only one officially reported, which was related to the degree of disability determined by the administrative office.

No objection was offered to the Ministry of Welfare's plan to establish a separate section for the administration of Seamen's Insurance in the Insurance Bureau. In the past, Seamen's Insurance has been administered by the Pension Section of the Insurance Bureau, and with the addition of Unemployment Insurance it was felt that the program was of sufficient magnitude to be handled by a separate Section.

SECTION VIII MEDICAL SERVICE DIVISION

Civilian Hospital Strength Report for week ending 26 December 1947 shows 3,390 hospitals with a capacity of 212,256 beds of which 96,621 were occupied. During this same period 342,576 out-patients were treated.

Restricted

Nutrition

Physical symptoms and weight deviations in Tokyo, Eight Cities, Twenty-seven prefectures, Four Coal Mines, Akita Copper Mine and Tokyo Railway Workers for the November 1947 Nutrition Survey are attached (Incl. #3).

SECTION IX

MEMORANDA TO JAPANESE GOVERNMENT

<u>PHMJC</u>	<u>DATE</u>	<u>SUBJECT</u>	<u>SURVEILLANCE</u>	<u>DISTRIBUTION</u>
#55	9 January 1948	Amendment to Local Autonomy Law, Law No. 67, 16 April 1947	Yes	All MG Teams

Note: Directive to Ministry of Welfare, offering no objection to the plan which provides for organization of separate departments of health and separate department of welfare in each prefecture as directed by SCAPIN 945, dated 11 May 1946, subject; "Reorganization of Governmental Public Health and Welfare Activities".

Crawford F. Sams
CRAWFORD F. SAMS
Colonel, Medical Corps
Chief

- 5 Incl: 1. Expenditures Under The New Disaster Law #118.
2. Allocation of Liquid-chlorine for January, February, March, 1948 for Water-works and Sewerage.
3. Nutrition Surveys - Deficiency Symptoms and Weight Deviations - November 1947.
4. Weekly Summary Report of Cases and Deaths from Communicable Diseases in Japan, week ending 3 January 1948.
5. Monthly Summary Report of Cases and Deaths from Communicable Diseases in Japan, four week period ending 27 December 1947.

Restricted

PARTICULARS OF PREFECTURES' EXPENDITURE

Prefectures	Accommodation	Cooking	Ration	Clothing & Necessities	Medical Treatment	Inter-ment	Transport	Emergency Relief	Total
Hokkaido	181,683	962,177	483,332	3,429,817	70,252	4,200	626,620	575,808	6,333,859
Aomori	79,110	418,966	209,483	1,335,108	30,589	-	272,841	234,609	2,580,706
Iwate	843,993	4,469,771	2,279,729	20,207,420	326,345	47,040	2,910,853	3,108,515	34,193,666
Miyagi	849,096	4,496,780	1,889,122	11,891,621	328,318	5,830	2,928,453	2,237,927	24,617,197
Akita	295,065	1,562,664	655,439	4,757,752	114,091	3,360	1,017,645	840,601	9,246,617
Yamagata	58,401	309,259	154,908	984,986	22,581	2,520	201,418	173,407	1,907,480
Fukushima	82,098	434,775	217,347	1,430,801	31,746	2,940	283,152	248,286	2,731,155
Ibaraki	558,981	2,960,331	1,498,397	11,086,988	216,139	19,740	1,927,853	1,626,843	20,095,282
Tochigi	1,180,737	6,253,159	3,226,912	27,371,279	456,553	141,960	4,072,246	4,270,284	46,973,130
Gumma	1,818,396	9,630,193	4,980,530	42,125,908	703,114	130,600	6,271,421	6,571,020	72,281,222
Saitama	1,957,545	10,367,158	7,804,006	70,560,247	756,919	60,660	6,751,370	9,825,730	108,083,035
Tokyo	1,687,265	16,084,335	12,063,917	79,558,126	1,174,338	2,100	10,474,556	12,104,463	133,149,100
Kanagawa	231,363	1,225,282	613,574	4,657,707	89,462	420	797,960	761,576	8,377,344
Yamanashi	79,290	419,919	213,018	1,707,224	30,660	6,720	273,477	273,030	3,003,338
Aomori	57,978	307,035	160,548	1,192,026	22,418	-	199,959	193,996	2,133,960
Iwate	255,879	1,355,127	420,634	2,686,530	98,941	420	882,513	570,004	6,270,048
Miyagi	36,396	192,721	23,375	184,555	14,073	1,260	125,525	57,790	635,695
Akita	1,009,980	5,348,853	2,167,143	17,310,531	390,527	15,960	3,483,324	2,972,631	32,698,949
Yamagata	25,209	133,498	111,275	898,972	9,749	-	86,958	126,566	1,392,227
Nakayama	128,970	683,025	280,681	3,440,923	49,870	3,750	444,813	503,206	5,535,273
Total	11,417,435	67,615,028	39,453,370	306,808,521	4,936,685	498,960	44,033,022	47,476,292	522,239,313

SPECIFICATION OF STATE TREASURY'S
SUBSIDY TO PREFECTURES

Prefectures	Amounts Required	Subsidies	Remarks
Hokkaido	6,333,889	2,488,469	
Aomori	2,580,706	1,133,528	
Iwate	34,193,666	28,820,699	
Miyagi	24,617,197	19,794,052	
Akita	9,246,617	6,266,880	
Yamagata	1,907,480	769,015	
Fukushima	2,731,155	1,048,027	
Ibaraki	20,095,282	15,857,428	
Tochigi	46,973,130	39,007,992	
Gumma	72,281,222	61,471,499	
Saitama	108,083,035	92,524,931	
Tokyo	133,149,100	90,767,515	
Kanagawa	8,377,344	3,531,122	
Yamanashi	3,003,338	1,492,320	
Aomori	2,133,960	910,155	
Iwate	6,270,048	3,772,838	
Miyagi	635,695	103,172	
Akita	32,698,949	27,373,979	
Yamagata	1,392,227	511,388	
Wakayama	5,535,273	2,870,543	
Total	522,239,313	400,515,552	

Allocation of Liquid-chlorine
for January, February, March, 1948
for Water-works and Sewerage

Prefecture	Water Treatment Plant	Allocation (kg)
Hokkaido	Sapporo City	1,250
"	Hakodate City	4,100
"	Otaru City	1,250
"	Muroran City	400
"	Kushiro City	400
"	Iwamizawa City	50
"	Hiroo Machi	80
"	Nippon Steel Co	40
	Muroran Co.	
Total		7,570
Aomori	Aomori City	1,700
"	Hirosaki City	40
Iwate	Morioka City	800
"	Ichinoseki Machi	100
Miyagi	Sendai City	2,000
"	Ishimaki City	100
"	Shiogama City	900
Akita	Akita City	950
"	Honjo Machi	40
Yamagata	Yamagata City	1,300
"	Tsuruoka City	100
Yamagata	Sakata City	120
Fukushima	Fukushima City	1,100
"	Wakamatsu City	700
"	Koriyama City	240
"	Taira City	200
"	Sukagawa Town	100
"	Yokura Town	30
"	Konahama Town	60
"	Ena Town	30
"	Honmiya Town	30
Total		10,640
Ibaraki	Mito City	150
"	Ota Town	30
"	Hidachi Water Supply Co.	50
Tochigi	Utsunomiya City	0
"	Ashikaga City	50
Gumma	Maebashi City	700
"	Takasaki City	100
"	Kiriu City	250
"	Ota Town	1,500
Saitama	Tokorozawa Town	140
"	Hanno Town	60
"	South Water Supply Union	
	Saitama Pref.	450
Chiba	Chiba Pref.	900
"	Choshi City	70
Tokyo	Tokyo Metropolis	230,000
"	Hachioji City	100
"	Ome Town	60
"	Japan Coal Mine Co.	150
"	Water-supply Machine Industry Co.	300
"	Isomura Industry Co.	300

Prefecture	Water Treatment Plant	Allocation (kg)
Kanagawa	Yokohama City	42,000
"	Yokosuka City	11,000
"	Kanagawa Pref.	12,000
"	Sagamihara	0
"	Kawasaki City	15,000
"	Odawara City	40
"	Misaki Town	40
Yamanashi	Kofu City	500
"	Tanmura Town	40
"	Otsuki Town	50
Nagano	Nagano City	1,000
"	Matsumoto City	100
Niigata	Niigata City	1,800
"	Nagaoka City	50
"	Sanjyo City	240
"	Kashiwazaki City	150
"	Shibata City	0
"	Niizu Town	0
"	Mizuhara Town	100
"	Mitsuke Town	60
"	Tsubame Town	200
"	Maki Town	50
"	Shirane Town	45
"	Takada City	200
"	Kameda Town	100
"	Kuzuzuka Town	100
Total		320,225
Shizuoka	Shizuoka City	60
"	Hamamatsu City	50
"	Shimizu City	70
"	Atami City	50
"	Ito City	30
"	Kakegawa Town	30
Aichi	Nagoya City	30,000
"	Toyohashi City	700
"	Okasaki City	100
"	Ishinomiya City	150
"	Seto City	250
"	Handa City	140
"	Sanya Town	80
"	Oyama Town	150
"	Toyokawa City	300
Mie	Yotkaichi City	500
"	Tsu City	300
"	Kuwana City	50
Gifu	Gifu City	350
Ishikawa	Kanazawa City	1,000
"	Komatsu City	150
"	Yamanaka Town	100
Total		34,160
Shiga	Otsu City	1,600
Kyoto	Kyoto City	52,000
"	Fukuchiyama City	100
"	Maizuru City	1,200
"	Kitsu Town	50
Osaka	Acute Infectious Diseases Prevention Section Osaka Pref.	100
"	Osaka City	41,000
"	Sakai City	630

Prefecture

Water Treatment Plant

Allocation
(kg)

Osaka	Fuse City	300
"	Kishiwada City	100
"	Toyonaka City	120
"	Ikeda City	150
"	Izumi-otsu City	100
"	Kaizuka City	100
"	Moriguchi City	100
"	Takaishi Town	50
"	Yatsuo Town	40
"	Maikata Town	40
"	Ibaraki Town	40
"	Yamato Cotton-spinning Co. Ltd.	700
"	Sumimichi Water Supply Co. Ltd	50
"	Kaizuka factory, Dainihon Cotton-spinning	100
Hyogo	Kobe City	20,000
"	Himeji City	200
"	Amagasaki City	700
"	Nishinomiya City	250
"	Akashi City	100
"	Sumoto City	100
"	Ashiya City	150
"	Itami City	200
"	Aioi City	200
"	Akaho Town	100
"	Takasago Town	100
"	Sumiyoshi Town	150
"	Fukura Town	40
"	Yamazaki Town	300
"	Hanshin Water Supply city, town, village Union	12,000
Nara	Nara City	3,000
"	Koriyama Town	250
"	Tanba city town Water-Supply Union	50
Wakayama	Wakayama City	500
"	Shinju City	50
Total		137,100

Tottori	Tottori City	700
"	Yonago City	170
"	Kurayoshi Town	50
Shimane	Matsue City	300
"	Hamada City	50
Okayama	Okayama City	300
"	Kurashiki City	120
"	Tsuyama City	80
"	Seidaiji Town	110
"	Kata-kami-ibe Water Supply Union	50
Hiroshima	Hiroshima City	5,100
"	Kure City	5,100
"	Onomichi City	450
"	Fukuyama City	500
"	Mihara City	250
Yamaguchi	Yamaguchi City	300
"	Shimonoseki City	2,200
"	Ube City	500
"	Tokuyama City	300
"	Hagi City	200
"	Iwakuni City	200
"	Onoda City	220
"	Hikari City	200
"	Yanai City	100
Total		17,550

<u>Prefecture</u>	<u>Water Treatment Plant</u>	<u>Allocation (kg)</u>
Tokushima	Tokushima City	1,000
"	Naruto City	40
Kagawa	Takamatsu City	1,500
"	Marugame City	140
"	Sakai de City	250
Ehime	Matsuyama City	250
"	Uwajima City	100
"	Imaharu City	50
Kochi	Kochi City	2,000
"	Sukumo Town	100
Total		5,430
Fukuoka	Kurume City	700
"	Moji City	1,000
"	Wakamatsu City	200
"	Omuda City	1,200
"	Tobata City	1,000
"	Iizuka City	50
"	Nakama Town	70
"	Miike Mining Office	1,500
	Mitsui Mine Co. Ltd.	
Saga	Karatsu City	100
Nagasaki	Nagasaki City	2,000
" "	Sasebo City	6,135
Kumamoto	Kumamoto City	3,500
"	Mizumata Town	60
"	Motowata Town	40
Oita	Oita City	500
"	Beppu City	150
"	Nakatsu City	120
"	Saganoseki Town	100
Total		18,425
Grand Total		551,100

MULTI-CULTURAL SURVEYS - DEFICIENCY-SYNDROMES - November 1977

NUTRITION SURVEYS - WEIGHT DEVIATIONS - NOV 47

Nc.	Age	0-1		2-5		6-10		11-15		16-20		21-30		31-40		41-50		51-			
		%	kg	%	kg	%	kg	%	kg	%	kg	%	kg	%	kg	%	kg	%			
Tokyo City	27,678	Less	21.3	1.6	14.6	2.2	7.0	3.2	7.1	4.5	11.6	7.8	12.8	7.0	19.4	7.3	24.8	7.3	33.5	7.7	
	"	±	60.3	62.7	69.7	7.1	71.6	7.1	70.2	7.1	73.5	7.5	68.7	7.6	64.6	7.7	58.7	7.7	14.4	5.6	
	Over	18.4	1.6	15.7	2.3	21.4	3.2	25.8	4.6	(11452)	(5872)	(1287)	(2795)	18.8	7.9	13.7	7.4	11.9	7.6	10.6	7.7
Eight Cities	45,155	Less	24.0	1.5	16.9	2.3	7.3	3.3	6.6	4.8	10.0	6.8	14.2	7.2	18.9	7.4	23.9	7.5	35.0	7.9	
	"	±	56.2	67.8	67.0	7.0	73.0	7.0	69.8	7.0	72.6	7.6	68.7	7.6	66.4	7.4	57.4	7.4	15.9	6.0	
	Over	19.8	1.6	15.3	2.2	22.7	3.2	20.4	4.9	(2054)	(5016)	(3284)	(6101)	20.2	7.6	13.2	7.9	12.4	8.0	9.7	8.2
27 Prefectures	74,034	Less	19.7	1.5	11.6	2.2	4.9	3.2	5.0	5.2	5.5	6.4	7.5	7.0	11.3	7.2	15.8	7.4	24.9	7.7	
	"	±	58.9	70.8	69.2	7.0	69.0	7.0	66.3	7.0	73.6	7.6	75.0	7.8	73.0	7.9	67.2	7.9	10.6	5.9	
	Over	21.4	1.6	17.6	2.3	25.9	3.3	26.0	5.1	(2745)	(7241)	(13,677)	(11,891)	28.2	7.6	11.9	7.6	13.7	7.8	11.2	7.9
Four Coal Mines	5,8(1	Less	17.1	1.5	8.8	2.3	6.4	3.8	4.2	5.2	5.4	6.4	4.5	6.9	5.3	7.0	7.1	6.9	13.4	7.2	
	"	±	50.4	63.0	61.0	61.0	61.2	61.2	58.3	58.3	68.3	68.3	70.6	71.6	71.6	72.2	72.2	72.2	6.3	4.7	
	Over	32.5	1.5	28.2	2.3	32.6	3.7	34.6	5.3	(375)	(763)	(1069)	(1824)	33.3	7.9	27.2	7.8	24.1	8.3	21.3	7.9
Akita Copper Mine	2,035	Less	28.1	1.3	8.7	2.1	5.4	2.9	7.3	4.7	5.1	5.1	5.1	6.3	6.7	6.6	6.3	6.6	18.2	6.5	
	"	±	59.4	81.7	76.7	7.2	72.2	7.2	70.4	7.3	77.3	7.6	77.7	7.6	76.5	7.6	72.1	7.6	75.4	7.3	
	Over	12.5	1.4	9.6	2.2	17.9	3.1	20.5	4.3	(32)	(115)	(257)	(410)	12.7	6.6	17.2	6.9	18.4	6.6	9.7	6.3
Tokyo Railway Workers	1,128	Less	26.3	1.8	16.9	2.3	9.0	2.4	5.5	5.1	11.9	7.2	13.9	7.4	19.5	7.8	24.5	7.7	31.9	8.1	
"	±	47.4	70.4	67.9	7.0	76.6	7.0	78.0	7.1	71.1	7.3	80.3	7.3	68.0	7.3	62.5	7.3	72.6	7.2		
"	Over	26.3	1.5	12.7	2.7	23.1	2.9	16.5	7.4	(19)	(71)	(78)	(244)	11.5	7.3	9.4	7.3	7.5	6.9	10.8	6.2
"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	(1,128)	(72)	

DIGEST OF WEEKLY REPORT OF COMMUNICABLE DISEASES
IN JAPAN FOR THE WEEK ENDING 3 JANUARY 1948

During the week ending 3 January 1948 a total of 4,055 communicable disease cases were reported. This was less than half the number (9,316) reported last week. Approximately 76 percent of the total cases were due to pneumonia (1,560) and tuberculosis (1,509). Another 15 percent of the cases were credited to: whooping cough (335), measles (260), and influenza (35).

The remaining 12 communicable diseases included in this report accounted for 356 cases and 61 deaths compared with 854 cases and 121 deaths in the preceding week. The incidence of all communicable diseases included in this report decreased or remained about the same. There were no reports received currently from four of the prefectures (Osaka, Yamaguchi, Miyazaki and Kagoshima).

Diphtheria continued to decrease. The current cases (209) were more than 50 percent less than the number (457) reported last week. Deaths decreased 42 percent from 62 to 36. The current case and death rates per 100,000 population per annum were 14.0 and 2.4 respectively.

The incidence of dysentery decreased for the fifth consecutive week. Current cases decreased 79 percent from 43 to 9. Eleven deaths were reported compared with 30 last week. The current case and death rates were 0.6 and 0.7 respectively.

Typhoid fever continued its downward trend. The current cases (61) were less than half the number (125) reported last week. Deaths decreased from 22 to 7. The current case and death rates were 4.1 and 0.5 respectively.

Paratyphoid fever has followed a very irregular course, but the trend has been downward since early September. In the current week there were 15 cases and one death reported compared with 51 cases and 3 deaths last week. The current case and death rates were 1.0 and 0.1 respectively.

One case of smallpox was reported currently (Hokkaido prefecture) compared with none last week. No deaths were reported in either week. The current case rate was 0.1.

Only 2 cases and 1 death were reported currently for typhus fever, however, no report was received from Osaka Prefecture where a small outbreak had occurred. Forty three cases and 2 deaths were reported last week. The current case and death rates were both 0.1.

The general trend of malaria has been downward since the middle of August. Cases decreased more than 50 percent from 66 last week to 29 currently. There were no deaths in either week. The current case rate was 1.9.

Scarlet fever cases decreased 64 percent from 42 to 15. This was the smallest number reported in any one week since the first week of 1947. There was one death currently compared with none last week. The current case and death rates were 1.0 and 0.1 respectively.

There were 15 cases and 4 deaths reported for epidemic meningitis in the current week compared with 27 cases and 2 deaths last week. The current case and death rates were 1.0 and 0.3 respectively.

No cases or deaths have been reported for suspect Japanese "B" encephalitis for the last three weeks.

There continued to be no cholera or plague.

The current number of cases of chancroid was 279 with a case rate of 18.7: for gonorrhea 1,454 and 97.4 respectively; and for syphilis 1,082 and 72.4.

**SUMMARY REPORT OF CASES AND DEATHS FROM
COMMUNICABLE DISEASES IN JAPAN**

Week Ending 3 January 1948

PREFECTURE	DIPHTHERIA				DYSENTERY			
	Current Cases	Deaths	Cumulative Cases	Deaths	Current Cases	Deaths	Cumulative Cases	Deaths
HOKKAIDO	12	2	12	2	-	-	-	-
AOMORI	-	-	-	-	-	-	-	-
IWATE	1	1	1	1	-	-	-	-
MIYAGI	9	1	9	1	-	-	-	-
AKITA	8	1	8	1	-	-	-	-
YAMAGATA	4	-	4	-	-	-	-	-
FUKUSHIMA	-	-	-	-	-	-	-	-
IBARAKI	3	-	3	-	-	-	-	-
TOCHIGI	8	-	8	-	1	-	1	-
GUMMA	2	2	2	2	-	-	-	-
SAITAMA	4	-	4	-	1	-	1	-
CHIBA	1	-	1	-	-	-	-	-
TOKYO	9	1	9	1	2	-	2	2
KANAGAWA	12	2	12	2	-	-	-	-
NIIGATA	15	4	15	4	-	-	-	-
TOYAMA	2	-	2	-	-	-	-	-
ISHIKAWA	5	1	5	1	-	-	-	-
FUKUI	-	-	-	-	-	-	-	-
YAMANASHI	-	-	-	-	-	-	-	-
NAGANO	12	-	12	-	-	-	-	-
GIFU	-	-	-	-	-	-	-	-
SHIZUOKA	6	2	6	2	1	-	1	-
AICHI	7	2	7	2	-	-	-	-
MIE	3	-	3	-	-	-	-	-
SHIGA	1	-	1	-	1	-	1	-
KYOTO	4	1	4	1	1	-	1	-
OSAKA	NR	NR	-	-	NR	-	NR	-
HYOGO	7	-	7	-	-	-	-	-
HARA	-	-	-	-	-	-	-	-
YAKAYAMA	1	-	1	-	-	-	-	-
TOTTORI	-	-	-	-	-	-	-	-
SHIMANE	6	1	6	1	-	-	-	-
OKAYAMA	1	-	1	-	-	-	-	-
HIROSHIMA	1	-	1	-	-	-	-	-
YAMAGUCHI	NR	NR	-	-	NR	-	NR	-
TOKUSHIMA	-	-	-	-	-	-	-	-
AGAWA	7	1	7	1	1	-	1	-
EHIME	3	1	3	1	-	-	-	-
KOCHI	1	-	1	-	-	-	-	-
FUKUOKA	36	4	36	4	-	-	1	-
SAGA	5	-	5	-	-	-	1	-
LAGASAKI	3	1	3	1	-	-	-	-
KUMAMOTO	-	-	-	-	-	-	-	-
OITA	10	8	10	8	1	7	1	7
MIYAZAKI	NR	NR	-	-	NR	NR	NR	-
KAGOSHIMA	NR	NR	-	-	NR	NR	NR	-
TOTAL	209	36	209	36	9	11	9	11

RATE

Current	14.0	2.4	14.0	2.4	0.6	0.7	0.6	0.7
Previous	30.6	4.1			2.9	2.0		

Rate per 100,000 per annum.

1948 rates based upon census population 1 October 1947.

1947 rates based upon estimated population 1 July 1947.

Weekly Report - 3 January 1948
Continued

PREFECTURE	TYPHOID				PARATYPHOID			
	Current Cases	Deaths	Cumulative Cases	Deaths	Current Cases	Deaths	Cumulative Cases	Deaths
HOKKAIDO	2	-	2	-	-	-	-	-
AOMORI	-	-	-	-	-	-	-	-
IWATE	-	-	-	-	-	-	-	-
MIYAGI	-	-	-	-	-	-	-	-
AKITA	1	-	1	-	-	-	-	-
YAMAGATA	-	-	-	-	-	-	-	-
FUKUSHIMA	1	-	1	-	-	-	-	-
IBARAKI	1	1	1	1	-	-	-	-
TOCHIGI	1	-	1	-	-	-	-	-
GUMMA	2	-	2	-	-	-	-	-
SAITAMA	3	-	3	-	-	-	-	-
CHIBA	2	-	2	-	-	-	-	-
TOKYO	2	2	2	2	4	2	4	2
KANAGAWA	8	1	8	1	-	-	-	-
NIIGATA	6	-	6	-	-	-	-	-
TOYAMA	-	-	-	-	-	-	-	-
ISHIKAWA	-	-	-	-	-	-	-	-
FUKUI	-	-	-	-	-	-	-	-
YAMANASHI	-	-	-	-	-	-	-	-
NAGANO	-	-	-	-	1	-	1	-
GIFU	2	-	2	-	-	-	-	-
SHIZUOKA	10	1	10	1	4	1	4	1
AICHI	2	-	2	-	-	-	-	-
MIE	2	-	2	-	-	-	-	-
SHIGA	-	-	-	-	-	-	-	-
KYOTO	-	-	-	-	-	-	-	-
OSAKA	NR	NR	-	-	NR	NR	-	-
HYOGO	1	-	1	-	1	-	1	-
NARA	-	-	-	-	-	-	-	-
WAKAYAMA	1	-	1	-	-	-	-	-
TOTTORI	-	-	-	-	-	-	-	-
SHIMANE	1	-	1	-	-	-	-	-
OKAYAMA	1	-	1	-	1	-	1	-
HIROSHIMA	-	-	-	-	-	-	-	-
YAMAGUCHI	NR	NR	-	-	NR	NR	-	-
TOKUSHIMA	-	-	-	-	-	-	-	-
KAGAWA	-	1	-	1	-	-	-	-
FHIME	-	-	-	-	1	-	1	-
KOCHI	1	1	1	1	-	-	-	-
FUKUOKA	5	-	5	-	1	-	1	-
SAGA	-	-	-	-	-	-	-	-
NAGASAKI	1	-	1	-	-	-	-	-
KUMAMOTO	-	-	-	-	-	-	-	-
OITA	5	-	5	-	-	-	-	-
MIVAZAKI	NR	NR	-	-	NR	NR	-	-
KAGOSHIMA	NR	NR	-	-	NR	NR	-	-
TOTAL	61	7	61	7	15	1	15	1

RATE

Current	4.1	0.5	4.1	0.5	1.0	0.1	1.0	0.1
Previous	8.4	1.5	-	-	3.4	0.2	-	-

Rates per 100,000 per annum

1948 rates based upon census population 1 Oct 1947

1947 rates based upon estimated population 1 July 1947

PREFECTURE	SMALLPOX				TYPHUS FEVER			
	Current Cases	Deaths	Cumulative Cases	Deaths	Current Cases	Deaths	Cumulative Cases	Deaths
HOKKAIDO	1	-	1	-	-	-	-	-
AOMORI	-	-	-	-	-	-	-	-
IWATE	-	-	-	-	-	-	-	-
MITYAGI	-	-	-	-	-	-	-	-
AKITA	-	-	-	-	-	-	-	-
YAMAGATA	-	-	-	-	-	-	-	-
FUKUSHIMA	-	-	-	-	-	-	-	-
IBARAKI	-	-	-	-	-	-	-	-
TOCHIGI	-	-	-	-	-	-	-	-
GUJIA	-	-	-	-	-	-	-	-
SAITAMA	-	-	-	-	-	-	-	-
CHIBA	-	-	-	-	-	-	-	-
TOKYO	-	-	-	-	-	-	-	-
KANAGAWA	-	-	-	-	1	1	1	1
NIIGATA	-	-	-	-	-	-	-	-
TOCHIGI	-	-	-	-	1	-	1	-
ICHIKAWA	-	-	-	-	-	-	-	-
FUKUI	-	-	-	-	-	-	-	-
YAMANASHI	-	-	-	-	-	-	-	-
NAGANO	-	-	-	-	-	-	-	-
GIFU	-	-	-	-	-	-	-	-
SHIZUOKA	-	-	-	-	-	-	-	-
AICHI	-	-	-	-	-	-	-	-
MIE	-	-	-	-	-	-	-	-
SHIGA	-	-	-	-	-	-	-	-
KYOTO	-	-	-	-	-	-	-	-
OSAKA	NR	NR	-	-	NR	NR	-	-
HYOGO	-	-	-	-	-	-	-	-
KARA	-	-	-	-	-	-	-	-
WAKAYAMA	-	-	-	-	-	-	-	-
TOTTORI	-	-	-	-	-	-	-	-
S. IMANE	-	-	-	-	-	-	-	-
O. AYAMA	-	-	-	-	-	-	-	-
HINOISHI	-	-	-	-	-	-	-	-
YAMAGUCHI	NR	NR	-	-	NR	NR	-	-
TOKUSHIMA	-	-	-	-	-	-	-	-
KAGAWA	-	-	-	-	-	-	-	-
EHIME	-	-	-	-	-	-	-	-
KOCHI	-	-	-	-	-	-	-	-
FUKUOKA	-	-	-	-	-	-	-	-
SAGA	-	-	-	-	-	-	-	-
NACASAKI	-	-	-	-	-	-	-	-
KUMAMOTO	-	-	-	-	-	-	-	-
OITA	-	-	-	-	-	-	-	-
MITYAKI	NR	NR	-	-	NR	NR	-	-
KAGOSHIMA	NR	NR	-	-	NR	NR	-	-
TOTAL	1	0	1	0	2	1	2	1
RATE								
CURRENT	0.1	0.0	0.1	0.0	0.1	0.1	0.1	0.1
PREVIOUS	0.0	0.0			2.9	0.1		

Rates per 100,000 per Annum

Rates based upon estimated population 1 July 1947.

1948 rates based upon census population 1 Oct 1947

Continued

PREFECTURE	SCARLET FEVER				EPIDEMIC MENINGITIS				JAP B ENCEPHALITIS				(SUSPECTS)	
	Current (C)	Cumulative (D)	Current (C)	Cumulative (D)	Current (C)	Cumulative (D)	Current (C)	Cumulative (D)	Current (C)	Cumulative (D)	Current (C)	Cumulative (D)		
HOKKAIDO	1	-	1	-	2	-	2	-	-	-	-	-	-	-
AOMORI	-	-	-	-	-	-	-	-	-	-	-	-	-	-
IWATE	-	-	-	-	-	-	-	-	-	-	-	-	-	-
MIYAGI	1	-	1	-	1	-	1	-	-	-	-	-	-	-
AKITA	-	-	-	-	1	-	1	-	-	-	-	-	-	-
YAMACATA	1	-	1	-	1	-	1	-	-	-	-	-	-	-
FUKUSHIMA	-	-	-	-	-	-	-	-	-	-	-	-	-	-
IBARAKI	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOCHIGI	-	-	-	-	-	-	-	-	-	-	-	-	-	-
GUMMA	-	-	-	-	1	1	1	1	1	1	1	1	-	-
SAITAMA	-	-	-	-	-	-	-	-	-	-	-	-	-	-
CHIBA	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOKYO	2	-	2	-	2	2	2	2	2	2	2	2	-	-
KANAGAWA	-	-	-	-	1	-	1	-	-	-	-	-	-	-
NIIGATA	-	-	-	-	1	-	1	-	-	-	-	-	-	-
TOYAMA	-	-	-	-	-	-	-	-	-	-	-	-	-	-
ISHIKAWA	-	-	-	-	-	-	-	-	-	-	-	-	-	-
FUKUI	-	-	-	-	-	-	-	-	-	-	-	-	-	-
YAMANASHI	-	-	-	-	-	-	-	-	-	-	-	-	-	-
NAGANO	1	-	1	-	-	-	-	-	-	-	-	-	-	-
GIFU	-	-	-	-	-	-	-	-	-	-	-	-	-	-
SHIZUOKA	1	1	1	1	2	-	2	-	-	-	-	-	-	-
AICHI	1	-	1	-	-	-	-	-	-	-	-	-	-	-
MIE	-	-	-	-	-	-	-	-	-	-	-	-	-	-
SHIGA	-	-	-	-	-	-	-	-	-	-	-	-	-	-
KYOTO	2	-	2	-	-	-	-	-	-	-	-	-	-	-
OSAKA	NR	N R	-	-	NR	NR	-	-	-	-	NR	NR	-	-
HYOGO	1	-	1	-	-	-	-	-	-	-	-	-	-	-
NARA	-	-	-	-	-	-	-	-	-	-	-	-	-	-
WAKAYAMA	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTTORI	-	-	-	-	1	-	1	-	-	-	-	-	-	-
SHIMANE	-	-	-	-	-	-	-	-	-	-	-	-	-	-
OKAYAMA	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HIROSHIMA	-	-	-	-	-	-	-	-	-	-	-	-	-	-
YAMAGUCHI	NR	NR	-	-	NR	NR	-	-	-	-	NR	NR	-	-
TOKUSHIMA	1	-	1	-	-	-	-	-	-	-	-	-	-	-
KAGAWA	-	-	-	-	-	-	-	-	-	-	-	-	-	-
EHIME	1	-	1	-	1	1	1	1	1	1	1	1	-	-
KOCHI	-	-	-	-	-	-	-	-	-	-	-	-	-	-
FUKUOKA	1	-	1	-	1	-	1	-	1	-	-	-	-	-
SAGA	-	-	-	-	-	-	-	-	-	-	-	-	-	-
NAGASAKI	-	-	-	-	-	-	-	-	-	-	-	-	-	-
KUMAMOTO	-	-	-	-	-	-	-	-	-	-	-	-	-	-
OITA	1	-	1	-	-	-	-	-	-	-	-	-	-	-
MIYAZAKI	NR	NR	-	-	NR	NR	-	-	-	-	NR	NR	-	-
KAGOSHIMA	NR	NR	-	-	NR	NR	-	-	-	-	N R	NR	-	-
TOTAL	15	1	15	1	15	4	15	4	15	4	0	0	0	0

RATE

Current	1.0	0.1	1.0	0.1	1.0	0.3	1.0	0.3	0.0	0.0	0.0	0.0	0.0
Previous	2.8	0.0	1.8	0.1	1.8	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Rate per 100,000 per Annum

1948 rates based upon census population 1 October 1947.

1947 rates based upon estimated population 1 July 1947.

Plague: 0

Weekly Report - 3 January 1948
Continued

PREFECTURE	MALARIA				CHOLERA			
	Current Cases	Deaths	Cumulative Cases	Deaths	Current Cases	Deaths	Cumulative Cases	Deaths
HOKKAIDO	-	-	-	-	-	-	-	-
AOMORI	1	-	1	-	-	-	-	-
IWATE	1	-	1	-	-	-	-	-
MIYAGI	-	-	-	-	-	-	-	-
AKITA	-	-	-	-	-	-	-	-
YAMAGATA	-	-	-	-	-	-	-	-
FUKUSHIMA	1	-	1	-	-	-	-	-
IBARAKI	1	-	1	-	-	-	-	-
TOCHIGI	2	-	2	-	-	-	-	-
GUMMA	-	-	-	-	-	-	-	-
SAITAMA	-	-	-	-	-	-	-	-
CHIBA	-	-	-	-	-	-	-	-
TOKYO	3	-	3	-	-	-	-	-
KANAGAWA	-	-	-	-	-	-	-	-
NIIGATA	-	-	-	-	-	-	-	-
TOYAMA	-	-	-	-	-	-	-	-
ISHIKAWA	-	-	-	-	-	-	-	-
FUKUI	NR	NR	-	-	-	-	-	-
YAMANASHI	-	-	-	-	-	-	-	-
NAGANO	-	-	-	-	-	-	-	-
GIFU	1	-	1	-	-	-	-	-
SHIZUOKA	-	-	-	-	-	-	-	-
AICHI	-	-	-	-	-	-	-	-
MIE	1	-	1	-	-	-	-	-
SHIGA	1	-	1	-	-	-	-	-
KYOTO	-	-	-	-	-	-	-	-
OSAKA	NR	NR	-	-	NR	NR	-	-
HYOGO	NR	NR	-	-	-	-	-	-
NARA	-	-	-	-	-	-	-	-
WAKAYAMA	-	-	-	-	-	-	-	-
TOTTORI	1	-	1	-	-	-	-	-
SHIMANE	2	-	2	-	-	-	-	-
OKAYAMA	-	-	-	-	-	-	-	-
HIROSHIMA	-	-	-	-	NR	NR	-	-
YAMAGUCHI	-	-	-	-	-	-	-	-
TOKUSHIMA	1	-	1	-	-	-	-	-
KAGAWA	-	-	-	-	-	-	-	-
EHIME	-	-	-	-	-	-	-	-
KOCHI	-	-	-	-	-	-	-	-
FUKUOKA	9	-	9	-	-	-	-	-
SAGA	-	-	-	-	-	-	-	-
NAGASAKI	1	-	1	-	-	-	-	-
KUMAMOTO	-	-	-	-	-	-	-	-
OITA	3	-	3	-	-	-	-	-
MIYAZAKI	NR	NR	-	-	NR	NR	-	-
KAGOSHIMA	-	-	-	-	NR	NR	-	-
TOTAL	29	0	29	0	0	0	0	0
Rates								
Current	1.9	0.0	1.9	0.0	0.0	0.0	0.0	0.0
Previous	1.4	0.0			0.0	0.0		

Rate per 100,000 per Annum

1948 Rates based upon census population 1 October 1947

1947 Rates based upon estimated population 1 July 1947

Weekly Report - 3 January 1948
Continued

PREFECTURE	MEASLES		WHOOPING COUGH		TUBERCULOSIS	
	Current Cases	Cumulative Cases	Current Cases	Cumulative Cases	Current Cases	Cumulative Cases
HOKKAIDO	6	6	9	9	81	81
AOMORI	6	6	7	7	33	33
IWATE	23	23	38	38	22	22
MIYAGI	16	16	2	2	93	93
AKITA	6	6	10	10	61	61
YAMAGATA	6	6	6	6	26	26
FUKUSHIMA	-	-	-	-	30	30
IBARAKI	2	2	9	9	55	55
TOCHIGI	8	8	13	13	26	26
GUMMA	2	2	15	15	30	30
SAITAMA	-	-	19	19	17	17
CHIBA	-	-	1	1	12	12
TOKYO	5	5	18	18	37	37
KANAGAWA	4	4	58	58	87	87
NIIGATA	-	-	-	-	-	-
TOYAMA	2	2	20	20	37	37
ISHIKAWA	-	-	-	-	-	-
FUKUI	-	-	-	-	-	-
YAMANASHI	1	1	3	3	-	-
NAGANO	3	3	5	5	60	60
GIFU	14	14	-	-	20	20
SHIZUOKA	2	2	8	8	95	95
AICHI	-	-	2	2	24	24
MIE	10	10	-	-	8	8
SHIGA	10	10	9	9	4	4
KYOTO	-	-	-	-	-	-
OSAKA	NR	-	NR	-	NR	-
HYOGO	NR	-	NR	-	NR	-
NARA	-	-	-	-	-	-
WAKAYAMA	-	-	4	4	6	6
TOTTORI	11	11	-	-	25	25
SHIMANE	27	27	14	14	105	105
OKAYAMA	-	-	8	8	11	11
HIROSHIMA	2	2	-	-	3	3
YAMAGUCHI	-	-	-	-	18	18
TOKUSHIMA	16	16	3	3	38	38
KAGAWA	1	1	-	-	-	-
EHIME	19	19	3	3	29	29
KOCHI	43	43	-	-	35	35
FUKUOKA	1	1	36	36	249	249
SAGA	7	7	2	2	27	27
NAGASAKI	5	5	3	3	32	32
KUMAMOTO	-	-	-	-	30	30
OITA	-	-	10	10	38	38
MIYAZAKI	NR	-	NR	-	NR	-
KAGOSHIMA	2	2	-	-	5	5
TOTAL	260	260	335	335	1509	1509
RATE						
Current	17.4	17.4	22.4	22.4	101.0	101.0
Previous	53.3		45.5		266.3	

Rate per 100,000 per annum

1948 rates based upon census population 1 Oct 1947

1947 rates based upon estimated population 1 July 1947

Deaths not available

Weekly Report - 3 January 1948
Continued

PREFECTURE	PNEUMONIA		INFLUENZA	
	CURRENT Cases	CUMULATIVE Cases	CURRENT Cases	CUMULATIVE Cases
HOKKAIDO	88	88	-	-
AOMORI	27	27	-	-
IWATE	71	71	-	-
MIYAGI	64	64	-	-
AKITA	39	39	-	-
YAMAGATA	20	20	-	-
FUKUSHIMA	22	22	-	-
IBARAKI	131	131	-	-
TOCHIGI	24	24	-	-
GUMMA	29	29	-	-
SAITAMA	24	24	-	-
CHIBA	12	12	-	-
TOKYO	59	59	-	-
KANAGAWA	104	104	-	-
NIIGATA	-	-	-	-
TOYAMA	44	44	1	1
ISHIKAWA	-	-	-	-
FUKUI	-	-	-	-
YAMANASHI	14	14	-	-
NAGANO	54	54	2	2
GIFU	53	53	1	1
SHIZUOKA	42	42	-	-
AICHI	15	15	-	-
MIE	25	25	-	-
SHIGA	6	6	-	-
KYOTO	-	-	-	-
OSAKA	NR	-	NR	-
HYOGO	NR	-	NR	-
NARA	-	-	-	-
WAKAYAMA	19	19	3	3
TOTTORI	10	10	-	-
SHIMANE	118	118	-	-
OKAYAMA	14	14	-	-
HIROSHIMA	3	3	-	-
YAMAGUCHI	6	6	-	-
TOKUSHIMA	81	81	4	4
KAGAWA	5	5	-	-
EHIME	36	36	-	-
KOCHI	27	27	-	-
FUKUOKA	145	145	14	14
SAGA	61	61	-	-
NAGASAKI	23	23	-	-
KUMAMOTO	-	-	-	-
OITA	28	28	10	10
MIYAZAKI	NR	-	NR	-
KAGOSHIMA	17	17	-	-
TOTAL	1560	1560	35	35
RATE				
Current	104.4	104.4	2.3	2.3
Previous	196.3		4.3	

Deaths not available.

1948 rates based upon census population 1 October 1947.

1947 rates based upon estimated population 1 July 1947.

NUMBER OF CASES AND DEATHS OF COMUNICABLE DISEASES
FOR COMPARABLE PERIODS, 1947 AND 1948

Diseases	Week Ending		Four Weeks Ending		Cumulative Number	
	3 Jan 1948	4 Jan 1947	1948	1947	for First 1 Week 1948	1947
Cases						
Diphtheria	209	433			209	436
Dysentery	9	47			9	47
Typhoid	61	207			61	207
Paratyphoid	15	34			15	34
Smallpox	1	19			1	19
Typhus Fever	2	39			2	39
Malaria	29	79			29	79
Cholera	0	0			0	0
Scarlet Fever	15	15			15	15
Epidemic Meningitis	15	14			15	14
Jap B Encephalitis (Suspects)	0	0			0	0
Plague	0	0			0	0
Deaths						
Diphtheria	36	30			36	20
Dysentery	11	18			11	18
Typhoid	7	14			7	14
Paratyphoid	1	4			1	4
Smallpox	0	1			0	1
Typhus Fever	1	3			1	3
Malaria	0	1			0	1
Cholera	0	0			0	0
Scarlet Fever	1	0			1	0
Epidemic Meningitis	4	4			4	4
Jap B Encephalitis (Suspects)	0	1			0	1
Plague	0	0			0	0

CASE AND DEATH RATES OF COMMUNICABLE DISEASES
FOR COMPARABLE PERIODS, 1947 AND 1948

Diseases	Week Ending		Four Weeks Ending		Cumulative Rates	
	3 Jan 1948	4 Jan 1947	1948	1947	for First 1 Week 1948	1947
Case Rate						
Diphtheria	14.0	28.9			14.0	28.9
Dysentery	0.6	3.1			0.6	3.1
Typhoid	4.1	13.8			4.1	13.8
Paratyphoid	1.0	2.3			1.0	2.3
Smallpox	0.1	1.3			0.1	1.3
Typhus Fever	0.1	2.6			0.1	2.6
Malaria	1.9	5.3			1.9	5.3
Cholera	0.0	0.0			0.0	0.0
Scarlet Fever	1.0	1.0			1.0	1.0
Epidemic Meningitis	1.0	0.9			1.0	0.9
Jap B Encephalitis (Suspects)	0.0	0.0			0.0	0.0
Plague	0.0	0.0			0.0	0.0
Death Rate						
Diphtheria	2.4	2.0			2.4	2.0
Dysentery	0.7	1.2			0.7	1.2
Typhoid	0.5	0.9			0.5	0.9
Paratyphoid	0.1	0.3			0.1	0.3
Smallpox	0.0	0.1			0.0	0.1
Typhus Fever	0.1	0.2			0.1	0.2
Malaria	0.0	0.1			0.0	0.1
Cholera	0.0	0.0			0.0	0.0
Scarlet Fever	0.1	0.0			0.1	0.0
Epidemic Meningitis	0.3	0.3			0.3	0.3
Jap B Encephalitis (Suspects)	0.0	0.1			0.0	0.1
Plague	0.0	0.0			0.0	0.0

N.A. Not Available 1947 rates based on est. pop. 1 July 1947
rates per 100,000 population per annum 1948 Rates based on census pop. 1 Oct 47

WEEKLY SUMMARY REPORT
OF
VENEREL DISEASES IN JAPAN

WEEK ENDING 3 January 1948

(C) Current Cases plus delayed reports
(T) Total cases for year to date

PREFECTURE	CHANCROID		GONORRHEA		SYPHILLIS	
	(C)	(T)	(C)	(T)	(C)	(T)
HOKKAIDO	7	7	114	114	74	74
AOMORI	6	6	56	56	42	42
IWATE	-	-	5	5	9	9
MIYAGI	19	19	32	32	9	9
AKITA	-	-	19	19	6	6
YAMAGATA	-	-	3	3	7	7
FUKUSHIMA	1	1	21	21	16	16
IBARAKI	3	3	25	25	27	27
TOCHIGI	6	6	18	18	26	26
GUMMA	3	3	6	6	7	7
SAITAMA	6	6	19	19	27	27
CHIBA	5	5	18	18	13	13
TOKYO	8	8	20	20	22	22
KANAGAWA	28	28	146	146	114	114
NIIGATA	3	3	33	33	30	30
TOYAMA	-	-	12	12	20	20
ISHIKAWA	-	-	-	-	-	-
FUKUI	2	2	23	23	16	16
YAMANASHI	NR	-	NR	-	NR	-
NAGANO	3	3	35	35	26	26
GIFU	8	8	17	17	17	17
SHIZUOKA	NR	-	NR	-	NR	-
AICHI	37	37	37	37	12	12
MIE	5	5	15	15	18	18
SHIGA	-	-	6	6	4	4
KYOTO	-	-	4	4	5	5
OSAKA	NR	-	NR	-	NR	-
HYOGO	12	12	99	99	89	89
NARA	-	-	-	-	-	-
WAKAYAMA	NR	-	NR	-	NR	-
TOTTORI	2	2	3	3	6	6
SHIMANE	3	3	-	-	5	5
OKAYAMA	16	16	54	54	61	61
HIROSHIMA	9	9	33	33	35	35
YAMAGUCHI	3	3	27	27	11	11
TOKUSHIMA	9	9	33	33	35	35
KAGAWA	NR	-	NR	-	NR	-
EHIME	2	2	4	4	3	3
KOCHI	1	1	5	5	2	2
FUKUOKA	43	43	295	295	181	181
SAGA	-	-	49	49	22	22
NAGASAKI	9	9	70	70	31	31
KUMAMOTO	-	-	35	35	22	22
OITA	1	1	11	11	14	14
MIYAZAKI	19	19	32	32	9	9
KAGOSHIMA	-	-	20	20	9	9
TOTAL	279	279	1454	1454	1082	1082

RATE

Current	18.7	18.7	97.4	97.4	72.4	72.4
Previous	41.4		227.1		172.6	

Rates per 100,000 per annum

1948 Rates based upon census population 1 Oct. 1947

1947 Rates based upon estimated population 1 July 1947

NUMBER OF CASES AND CASE RATES OF VENereal DISEASES
IN JAPAN
FOR COMPARABLE PERIODS, 1947 and 1948

Diseases	Week Ending	Four Weeks Ending	Cumulative Number	
	3 Jan 1948	4 Jan 1947	for 1st week 1948	1947
Number				
Chancroid	279	376	279	376
Gonorrhea	1454	1440	1454	1440
Syphilis	1082	840	1082	840
Rates				
Chancroid	18.7	25.1	18.7	25.1
Gonorrhea	97.4	96.3	97.4	96.3
Syphilis	72.4	56.2	72.4	56.2

Rates per 100,000 population per annum

1948 Rates based upon Census population 1 Oct 1947

1947 Rates based upon estimated population 1 Jul 1947

DIGEST OF MONTHLY REPORT OF COMMUNICABLE DISEASES
IN JAPAN FOR THE FOUR WEEK PERIOD ENDING 27 DECEMBER 1947

There were 3,836 cases and 535 deaths reported during December for the 12 communicable diseases included in this report. Approximately 53 percent of the total cases and 45 percent of the deaths were due to diphtheria (2,027 cases and 243 deaths).

During the current month, increases were recorded in the case rates of typhus fever, epidemic meningitis, and Japanese "B" encephalitis. All other diseases included in this report decreased or remained the same. Only 2 diseases (epidemic meningitis and Japanese "B" encephalitis) had a higher morbidity rate currently compared with December 1946. (December 1946 and December 1947 were both 4 week periods but November 1947 was a 5 week period, so care should be taken to compare only rates.)

Five additional communicable diseases for which prefectural data are not shown in this report, accounted for a total of 37,419 cases. Cases and case rates, per 100,000 population per annum, for these diseases were: tuberculosis 20,151 and 336.8 respectively; for pneumonia 11,027 and 184.3; for whooping cough 3,162 and 52.8; for measles 2,805 and 46.9; and for influenza 274 and 4.6.

The diphtheria case and death rates per 100,000 population per annum, for the month of December were 33.9 and 4.1 respectively, compared with the November rates of 38.7 and 3.1. The morbidity rate decreased for the first time since August. The death rate increased for the third consecutive month. In December 1946, the case and death rates were 65.7 and 6.2 respectively.

Both the case and death rates for dysentery have decreased steadily since they reached the August peak. The case rate decreased 71 percent from 14.5 in November to 4.2 in December. The death rate decreased 51 percent from 4.9 to 2.4. In December 1946, the case and death rates were 13.5 and 6.8 respectively.

Following the usual seasonal pattern typhoid fever case and death rates have been decreasing for the last four months. The current case rate (11.7) was approximately 27 percent less than the November rate (16.0). The death rate decreased nearly 40 percent from 2.8 to 1.7. In December 1946, the case and death rates were 33.2 and 5.1 respectively.

Paratyphoid case and death rates reached a high peak for the year in August, and have decreased each month since. The current case and death rates were 3.4 and 0.1 respectively compared with last month's rates 3.7 and 0.3. In December 1946, the case and death rates were 9.0 and 0.5 respectively.

The smallpox morbidity rate decreased for the second consecutive month. The current case rate 0.02 was just half the November rate 0.04. No deaths have been reported for the last five months. In December 1946, the case and death rates were 1.4 and 1.7 respectively.

The typhus fever case rate increased for the second consecutive month. The current case and death rates were 1.5 and 0.1 respectively compared with 0.3 and 0.0 last month. In December 1946, the case and death rates were 4.1 and 0.3 respectively.

The malaria case rate has decreased each month since August to reach a new low for the year (4.8). The case and death rates for the current month were 4.8 and 0.02 compared with 6.9 and 0.03 last month. The current case and death rates were less than one third the corresponding case and death rates in December 1946 (14.5 and 0.1 respectively).

Scarlet fever continued its very irregular course. The current case rate was 3.0 compared with 4.0 last month and 4.0 in December 1946. The death rate remained at 0.1.

The December epidemic meningitis case rate (1.6) was slightly higher than the low level (1.4) reached last month. The current death rate was 0.5 compared with 0.6 last month. There was little difference in the current rates as compared with December 1946 case and death rates (1.5 and 0.6 respectively).

In the current month the suspect Japanese "B" encephalitis case rate was 0.1 compared with 0.04 last month and 0.03 in December 1946. No deaths were reported in December 1946 or December 1947. Last month the death rate was 0.04.

No cholera or plague have been reported in 1947. In December 1946 the cholera case and death rates were 0.4 and 0.2 respectively.

SUMMARY REPORT OF CASES AND DEATHS FROM
COMMUNICABLE DISEASES IN JAPAN

N-Number
R-Rate

4 WEEK PERIOD ENDING 27 DEC. 47

PREFECTURE	DIPHTHERIA				DYSENTERY			
	Cases (N)	Cases (R)	Deaths (N)	Deaths (R)	Cases (N)	Cases (R)	Deaths (N)	Deaths (R)
HOKKAIDO	173	60.6	31	10.9	12	4.2	1	0.4
AOMORI	46	51.6	8	9.0	4	4.5	2	2.2
IWATE	32	32.1	5	5.0	8	8.0	-	-
MIYAGI	61	51.0	-	-	7	5.8	1	0.8
AKITA	73	74.6	11	11.2	2	2.0	2	2.0
YAMAGATA	34	32.1	6	5.7	7	6.6	2	1.9
FUKUSHIMA	20	12.7	4	2.5	1	0.6	1	0.6
Ibaraki	30	18.9	3	1.9	14	8.8	14	8.8
TOCHIGI	55	44.7	12	9.8	1	0.8	12	9.8
GUNMA	30	24.0	7	5.6	3	2.4	2	1.6
SAITAMA	38	22.9	3	1.8	3	1.8	-	-
CHIBA	26	15.8	-	-	-	-	-	-
TOKYO	108	31.5	7	2.0	24	7.0	6	1.8
KANAGAWA	45	27.2	3	1.8	8	4.8	-	-
NIIGATA	91	47.8	11	5.8	5	2.6	2	1.1
TOYAMA	11	14.4	2	2.6	-	-	-	-
ISHIKAWA	36	50.1	2	2.8	-	-	-	-
FUKUI	11	19.3	1	1.8	4	7.0	-	-
YAMANASHI	8	12.3	3	4.6	3	4.6	2	3.1
NAGANO	27	16.3	-	-	4	2.4	-	-
GIFU	15	12.7	2	1.7	3	2.5	1	0.8
SHIZUOKA	46	24.9	7	3.8	4	2.2	1	0.5
AICHI	89	37.3	9	3.8	9	3.8	19	8.0
MIE	51	45.4	3	2.7	3	2.7	2	1.8
SHIGA	11	16.2	2	2.9	-	-	-	-
KYOTO	31	23.4	1	0.8	26	19.6	4	3.0
OSAKA	27	11.1	2	0.8	8	3.3	7	2.9
HYOGO	41	17.7	14	6.1	9	3.9	11	4.8
NARA	6	9.9	-	-	1	1.6	-	-
WAKAYAMA	6	7.9	-	-	1	1.3	-	-
TOTTORI	15	32.9	1	2.2	2	4.4	1	2.2
SHIMANE	36	51.8	3	4.3	2	2.9	3	4.3
OKAYAMA	32	25.4	8	6.4	1	0.8	2	1.6
HIROSHIMA	59	37.9	1	0.6	3	1.9	1	0.6
YAMAGUCHI	58	51.5	3	2.7	2	1.8	2	1.8
TOKUSHIMA	9	13.3	2	2.9	3	4.4	-	-
KAIGAWA	16	22.4	1	1.4	4	5.6	5	7.0
EHIME	53	46.9	11	9.7	29	25.7	21	18.6
KOCHI	34	52.1	3	4.6	3	4.6	-	-
FUKUOKA	119	50.0	15	6.3	12	5.0	4	1.7
SAGA	74	105.5	8	11.4	4	5.7	4	5.7
NAGASAKI	63	54.3	2	1.7	1	0.9	-	-
KUMAMOTO	20	15.0	8	6.0	4	3.0	3	2.2
OITA	61	64.9	5	5.3	3	3.2	2	2.1
MIYAZAKI	47	59.9	11	14.0	2	2.6	3	3.8
KAGOSHIMA	53	39.7	2	1.5	2	1.5	2	1.5
*DEC 1947	2027	33.9	243	4.1	251	4.2	145	2.4
*Nov 1947	2892	38.7	231	3.1	1037	14.5	366	4.9
*Dec 1946	3795	65.7	361	6.2	782	13.5	393	6.8

Rates per 100,000 per annum

1947 rates based upon estimated population 1 July 1947

1946 rates based upon estimated population 1 July 1946

* 4 week periods

* 5 week period

N - Number
R - Rate

PREFECTURE	TYPHOID				PARATYPHOID			
	Cases (N)	Cases (R)	Deaths (N)	Deaths (R)	Cases (N)	Cases (R)	Deaths (N)	Deaths (R)
HOKKAIDO	18	6.3	2	0.7	8	2.8	-	-
AOMORI	2	2.2	-	-	-	-	-	-
IWATE	9	9.0	-	-	1	1.0	-	-
MIYAGI	8	6.7	1	0.8	3	2.5	-	-
AKITA	4	4.1	2	2.0	2	2.0	-	-
YAMAGATA	5	4.7	-	-	1	0.9	-	-
FUKUSHIMA	7	4.5	1	0.6	1	0.6	-	-
IBARAKI	14	8.8	-	-	10	6.3	-	-
TOCHIGI	6	4.9	1	0.8	1	0.8	-	-
GUMMA	6	4.8	-	-	9	7.2	-	-
SAITAMA	16	9.6	1	0.6	3	1.8	-	-
CHIBA	25	15.2	1	0.6	5	3.0	-	-
TOKYO	108	31.5	5	1.5	33	9.6	-	-
KANAGAWA	24	14.5	8	4.8	16	9.7	-	-
NIIGATA	44	23.1	6	3.2	8	4.2	-	-
TOYAMA	5	6.6	5	6.6	3	3.9	1	1.3
ISHIKAWA	1	1.4	-	-	4	5.6	1	1.4
FUKUI	7	12.3	-	-	3	5.3	-	-
YAMANASHI	-	-	-	-	2	3.1	-	-
NAGANO	10	6.0	2	1.2	1	0.6	1	0.6
GIFU	31	26.2	5	4.2	7	5.9	-	-
SHIZUOKA	51	27.6	7	3.8	10	5.4	-	-
AICHI	33	13.8	12	5.0	6	2.5	-	-
MIE	27	24.0	1	0.9	17	15.1	-	-
SHIGA	1	1.5	-	-	1	1.5	-	-
KYOTO	10	7.5	1	0.8	6	4.5	1	0.8
OSAKA	24	9.9	3	1.2	3	1.2	-	-
HYOGO	27	11.7	17	7.4	2	0.9	3	1.3
NARA	1	1.6	-	-	-	-	-	-
WAKAYAMA	11	14.4	3	3.9	1	1.3	-	-
TOTTORI	6	13.1	-	-	1	2.2	-	-
SHIMANE	12	17.3	1	1.4	1	1.4	-	-
OKAYAMA	16	12.7	2	1.6	-	-	-	-
HIROSHIMA	26	16.7	3	1.9	4	2.6	-	-
YAMAGUCHI	5	4.4	-	-	1	0.9	-	-
TOKUSHIMA	3	4.4	-	-	2	2.9	-	-
KAGAWA	12	16.8	1	1.4	3	4.2	-	-
EHIME	22	19.5	1	0.9	1	0.9	-	-
KOCHI	18	27.6	3	4.6	5	7.7	-	-
FUKUOKA	20	8.4	3	1.3	3	1.3	-	-
SAGA	5	7.1	-	-	-	-	-	-
NAGASAKI	6	5.2	1	0.9	4	3.4	-	-
KUMAMOTO	2	1.5	-	-	1	0.7	-	-
OITA	3	3.2	-	-	1	1.1	-	-
MIYAZAKI	6	7.7	-	-	5	6.4	-	-
KAGOSHIMA	1	0.7	-	-	2	1.5	-	-
*Dec. 1947	698	11.7	99	1.7	201	3.4	7	0.1
**Nov. 1947	1196	16.0	207	2.8	275	3.7	22	0.3
*Dec. 1946	1917	33.2	292	5.1	521	9.0	31	0.5

Rate per 100,000 per Annum

1947 Rates based upon estimated population 1 July 1947

1946 Rates based upon estimated population 1 July 1946

* 4 Week periods

** 5 Week period

Monthly Report - 27 December 1947
Continued

N - Number
R - Rate

PREFECTURE	SMALLPOX				TYPHUS FEVER			
	Cases (N)	Deaths (N)	Cases (N)	Deaths (N)	Cases (N)	Deaths (N)	Cases (N)	Deaths (N)
HOKKAIDO	1	0.4	-	-	2	0.7	-	-
AOMORI	-	-	-	-	-	-	-	-
IWATE	-	-	-	-	-	-	-	-
MIYAGI	-	-	-	-	-	-	-	-
AKITA	-	-	-	-	-	-	-	-
YAMAGATA	-	-	-	-	-	-	-	-
FUKUSHIMA	-	-	-	-	-	-	-	-
IBARAKI	-	-	-	-	-	-	-	-
TOCHIGI	-	-	-	-	7	5.7	-	-
GUMMA	-	-	-	-	-	-	-	-
SAITAMA	-	-	-	-	3	1.8	-	-
CHIBA	-	-	-	-	-	-	-	-
TOKYO	-	-	-	-	16	4.7	-	-
KANAGAWA	-	-	-	-	6	3.6	-	-
NIIGATA	-	-	-	-	-	-	-	-
TOYAMA	-	-	-	-	-	-	-	-
ISHIKAWA	-	-	-	-	-	-	-	-
FUKUI	-	-	-	-	-	-	-	-
YAMANASHI	-	-	-	-	-	-	-	-
NAGANO	-	-	-	-	-	-	-	-
GIFU	-	-	-	-	1	0.8	-	-
SHIZUOKA	-	-	-	-	-	-	-	-
AICHI	-	-	-	-	5	2.1	-	-
MIE	-	-	-	-	1	0.9	-	-
SHIGA	-	-	-	-	-	-	-	-
KYOTO	-	-	-	-	1	0.8	1	0.8
OSAKA	-	-	-	-	37	15.2	4	1.6
HYOGO	-	-	-	-	1	0.4	-	-
NARA	-	-	-	-	-	-	-	-
WAKAYAMA	-	-	-	-	1	1.3	-	-
TOTTORI	-	-	-	-	-	-	-	-
SHIMANE	-	-	-	-	4	5.8	-	-
OKAYAMA	-	-	-	-	-	-	-	-
HIROSHIMA	-	-	-	-	-	-	-	-
YAMAGUCHI	-	-	-	-	-	-	-	-
TOKUSHIMA	-	-	-	-	-	-	-	-
KAGAWA	-	-	-	-	2	2.8	-	-
EHIME	-	-	-	-	-	-	-	-
KOCHI	-	-	-	-	-	-	-	-
FUKUOKA	-	-	-	-	-	-	-	-
SAGA	-	-	-	-	-	-	-	-
NAGASAKI	-	-	-	-	1	0.9	-	-
KUMAMOTO	-	-	-	-	-	-	-	-
OITA	-	-	-	-	-	-	-	-
MIYAZAKI	-	-	-	-	-	-	-	-
KAGOSHIMA	-	-	-	-	-	-	-	-

*Dec 1947	1	0.02	0	0.0	88	1.5	5	0.1
**Nov 1947	3	0.04	0	0.0	19	0.3	0	0.0
*Dec 1946	78	1.4	96	1.7	234	4.1	18	0.3

Rate per 100,000 per Annum

1947 Rates based upon estimated population 1 July 1947

1946 Rates based upon estimated population 1 July 1946

* 4 week periods

** 5 week period

Monthly Report - 27 December 1947
Continued

PREFECTURE	MALARIA				CHOLERA			
	Cases (N)	(R)	Deaths (N)	(R)	Cases (N)	(R)	Deaths (N)	(R)
HOKKAIDO	9	3.2	-	-	-	-	-	-
AOMORI	2	2.2	-	-	-	-	-	-
IWATE	3	3.0	-	-	-	-	-	-
MIYAGI	-	-	-	-	-	-	-	-
AKITA	3	3.1	-	-	-	-	-	-
YAMAGATA	4	3.8	-	-	-	-	-	-
FUKUSHIMA	5	3.2	-	-	-	-	-	-
IBARAKI	1	0.6	1	0.6	-	-	-	-
TOCHIGI	5	4.1	-	-	-	-	-	-
GUMMA	3	2.4	-	-	-	-	-	-
SAITAMA	5	3.0	-	-	-	-	-	-
CHIBA	6	3.6	-	-	-	-	-	-
TOKYO	18	5.3	-	-	-	-	-	-
KANAGAWA	10	6.0	-	-	-	-	-	-
NIIGATA	19	10.0	-	-	-	-	-	-
TOYAMA	3	3.9	-	-	-	-	-	-
ISHIKAWA	3	4.2	-	-	-	-	-	-
FUKUI	-	-	-	-	-	-	-	-
YAMANASHI	2	3.1	-	-	-	-	-	-
NAGANO	12	7.2	-	-	-	-	-	-
GIFU	4	3.4	-	-	-	-	-	-
SHIZUOKA	2	1.1	-	-	-	-	-	-
AICHI	1	0.4	-	-	-	-	-	-
MIE	6	5.3	-	-	-	-	-	-
SHIGA	14	20.6	-	-	-	-	-	-
KYOTO	11	8.3	-	-	-	-	-	-
OSAKA	12	4.9	-	-	-	-	-	-
HYOGO	11	4.8	-	-	-	-	-	-
NARA	3	4.9	-	-	-	-	-	-
WAKAYAMA	6	7.9	-	-	-	-	-	-
TOTTORI	8	17.5	-	-	-	-	-	-
SHIMANE	6	8.6	-	-	-	-	-	-
OKAYAMA	4	3.2	-	-	-	-	-	-
HIROSHIMA	5	3.2	-	-	-	-	-	-
YAMAGUCHI	3	2.7	-	-	-	-	-	-
TOKUSHIMA	5	7.4	-	-	-	-	-	-
KAGAWA	1	1.4	-	-	-	-	-	-
EHIME	20	17.7	-	-	-	-	-	-
KOCHI	5	7.7	-	-	-	-	-	-
FUKUOKA	24	10.1	-	-	-	-	-	-
SAGA	1	1.4	-	-	-	-	-	-
NAGASAKI	3	2.6	-	-	-	-	-	-
KUMAMOTO	4	3.0	-	-	-	-	-	-
OITA	11	11.7	-	-	-	-	-	-
MIYAZAKI	4	5.1	-	-	-	-	-	-
KAGOSHIMA	3	2.2	-	-	-	-	-	-
*Dec. 1947	290	4.8	1	0.02	0	0.0	0	0.0
**Nov. 1947	519	6.9	2	0.03	0	0.0	0	0.0
*Dec. 1946	837	14.5	5	0.1	25	0.4	14	0.2

Rate per 100,000 per Annum

1947 Rates based upon estimated population 1 July 1947.

1946 Rates based upon estimated population 1 July 1946.

* 4 Week periods

** 5 Week period

Monthly Report - 27 December 1947
Continued

N - Number
R - Rate

PREFECTURE	SCARLET FEVER			EPIDEMIC MENINGITIS			JAP B ENCEPHALITIS (SUSPECTS)		
	Cases (N)	Cases (R)	Deaths (N)	Cases (N)	Cases (R)	Deaths (N)	Cases (N)	Cases (R)	Deaths (N)
HOKKAIDO	31	10.9	1 0.4	4	1.4	2	0.7	-	-
AOMORI	3	3.4	-	4	4.5	2	2.2	-	-
IWATE	1	1.0	-	4	4.0	-	-	-	-
MIYAGI	10	8.4	-	11	9.2	1	0.8	-	-
AKITA	1	1.0	1 1.0	3	3.1	1	1.0	-	-
YAMAGATA	2	1.9	-	3	2.8	-	-	-	-
FUKUSHIMA	1	0.6	-	4	2.5	1	0.6	-	-
IBARAKI	5	3.1	1 0.6	4	2.5	1	0.6	-	-
TOCHIGI	-	-	-	-	-	-	-	-	-
GUMMA	4	3.2	-	-	-	-	-	-	-
SAITAMA	6	3.6	-	-	-	-	-	-	-
CHIBA	1	0.6	-	1	0.6	1	0.6	-	-
TOKYO	37	10.8	-	15	4.4	9	2.6	-	-
KANAGAWA	13	7.9	-	1	0.6	-	-	-	-
NIIGATA	1	0.5	1 0.5	-	-	-	-	-	-
TOYAMA	1	1.3	-	-	-	-	-	-	-
ISHIKAWA	-	-	-	3	4.2	-	-	-	-
FUKUI	-	-	-	-	-	-	-	-	-
YAMANASHI	-	-	-	1	1.5	-	-	-	-
NAGANO	11	6.6	-	3	1.8	-	-	-	-
GIFU	1	0.8	-	-	-	-	-	-	-
SHIZUOKA	2	1.1	-	-	-	-	-	-	-
AICHI	12	5.0	-	-	-	-	-	-	-
MIE	5	4.5	-	2	1.8	-	-	-	-
SHIGA	6	8.8	-	-	-	-	-	-	-
KYOTO	7	5.3	-	4	3.0	-	-	-	-
OSAKA	6	2.5	-	6	2.5	4	1.6	-	-
HYOGO	3	1.3	-	-	-	-	-	-	-
NARA	-	-	-	-	-	-	-	-	-
WAKAYAMA	-	-	-	-	-	-	-	-	-
TOTTORI	-	-	-	1	2.2	1	2.2	-	-
SHIMANE	1	1.4	-	-	-	-	-	-	-
OKAYAMA	3	2.4	-	1	0.8	-	-	7	5.6
HIROSHIMA	1	0.6	-	1	0.6	-	-	-	-
YAMAGUCHI	2	1.8	-	2	1.8	-	-	-	-
TOKUSHIMA	-	-	-	-	-	-	-	-	-
KAGAWA	-	-	-	2	2.8	-	-	-	-
EHIME	2	1.8	-	2	1.8	2	1.8	-	-
KOCHI	-	-	-	2	3.1	1	1.5	-	-
FUKUOKA	-	-	-	2	0.8	2	0.8	-	-
SAGA	-	-	-	1	1.4	-	-	-	-
NAGASAKI	-	-	-	-	-	-	-	-	-
KUMAMOTO	-	-	-	1	0.7	1	0.7	-	-
OITA	-	-	-	2	2.1	-	-	-	-
MIYAZAKI	-	-	-	1	1.3	1	1.3	-	-
KAGOSHIMA	-	-	-	3	2.2	1	0.7	-	-

*Dec. 1947 179 3.0 4 0.1 94 1.6 31 0.5 7 0.1 0 0.0
**Nov. 1947 298 4.0 7 0.1 103 1.4 43 0.6 3 0.04 3 0.04

*Dec. 1946 231 4.0 7 0.1 84 1.5 33 0.6 2 0.03 0 0.0

Rate per 100,000 per Annum

1947 Rates based upon estimated population 1 July 1947

1946 Rates based upon estimated population 1 July 1946

* 4 Week periods

** 5 Week period

No Plague